

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91456 045 ****61.25

DOCUMENT # N51417

1. Entity Name

ACADEMIA IBEROAMERICANA DE NEUROLOGIA PEDIATRICA, INC.



Principal Place of Business

**3200 SW 60TH COURT, SUITE 302
MIAMI FL 33155**

Mailing Address

**7751 SW 26TH STREET
MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

3200 SW 60TH G.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 302

City & State

MIAMI FL

Zip

Country

Zip

Country

33155

MIAMI-DADE



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0368734**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORTIZ, NANCY
7751 S.W. 26TH STREET
MIAMI FL 33155**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **CAMPOS, JAIME MD**
STREET ADDRESS **DIEGO DE LEON 59 1A 28006**
CITY-ST-ZIP **MADRID SPAIN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **ARCHILA, RICHARD MD**
STREET ADDRESS **INSTITUTO CLINICO LA FLA FINAL NOTICEAVE**
CITY-ST-ZIP **LOS SALMARES CARACAS VENEZUELA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **PENA, JOAQUIN MD**
STREET ADDRESS **CALLE 42 #15-18 URBANIZACION CANAIMA**
CITY-ST-ZIP **MARACAIBO VENEZUELA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **MULAS, FERNANDO MD**
STREET ADDRESS **CALLE GUARDIA CIVIL 20 RESIDENTIAL PARQUE**
CITY-ST-ZIP **46020 VALENCIA SPAIN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ALVAREZ, LUIS A**
STREET ADDRESS **3200 SW 60TH CT SUITE 302**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-28-03 (305)

CR2E037 (10/02)