

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90043 001 ****61.25

DOCUMENT # N 93000003621
Entity Name
PERUVIAN PROFESSIONAL ASSOCIATION OF THE UNITED STATES OF AMERICA, INC.

Principal Place of Business
17775 NE 19TH AVE.
MIAMI, FL. 33162

Mailing Address
17775 NE 19TH AVE.
MIAMI, FL. 33162

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

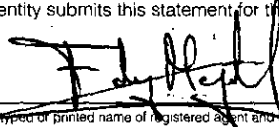
4. FEI Number
65-0523252

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
 Name **FREDY J. MEJIA**
 Street Address (P.O. Box Number is Not Acceptable)
17775 NE 19TH AVE.
 City **NORTH MIAMI BEACH** **FL** Zip Code **33162**

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.

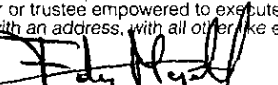
SIGNATURE  **FREDY J. MEJIA PRESIDENT** **02-07-2000**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

0. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		PD FREDY J. MEJIA 17775 NE 19th AVE. NORTH MIAMI BEACH FL. 33162	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		VP JOSE LUIS ZEVALLOS 801 SOUTH ROYAL POINCIANA APT. 305 MIAMI SPRING FL. 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		TD OLIMPIO-SAO-BENTO 14931 SW 82 LANE APT. 205 MIAMI, FL. 33193	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		D LUIS E. LLERENA 10801 SW 109 CT APT. 112 MIAMI, FL. 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		D CARLOS PERALTA 1654 NW 8TH ST. MIAMI, FL. 33135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		S RAUL EDUARDO MARTINEZ 10511 SW 108 AVE. APT. F- 193 MIAMI, FL. 33176	

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 duly empowered.

SIGNATURE:  **FREDY J. MEJIA** **02-07-2000** **305-354-3416**

CR2E037 (9/99)