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

DOCUMENT # N93000003621

1. Entity Name

PERUVIAN PROFESSIONAL ASSOCIATION OF THE UNITED STATES OF AMERICA, INC.



FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90317 001 *****8.75 05-02-2003 90317 002 ****61.25

Principal Place of Business 17775 NE 19TH AVE MIAMI FL 33162 US			Mailing Address 17775 NE 19TH AVE MIAMI FL 33162 US							
2. Principal Place of Business			3. Mailing Address						101 41 0 1 40 0 1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State		4. FEI Number 65-0523252 Applied For Not Applicable					
Zip Country			Zip	Zip Country		5. Certificate of Status Desired See Required				
6. Name and Address of Current			Registered Agent	stered Agent			7. Name and Address of New Registered Agent			
					Name					
MEJIA, FREDY J 17775 NE 19TH AVE			Street Addre		esŝ (P.O. Box Number is No	ot Acceptable)				
MIAMI FL										
ž				_	City		FL	Zip Cod	e	
	e named entity tions of regist		r the purpose of changing	its registere	d office or regi	istered agent, or both, in th	e State of Florida. I am fa	miliar with,	and accept	
SIGNATURE .		or printed name of registered agent	and title if applicable. (No	OTE: Registered	Agent signature rec	quired when reinstating)	DATE			
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.							
i	FILE NOW	: FEE IS \$61.25			· -	\$5.00 May Be Added to Fees	Make Check Florida Departi			
10.	FILE NOW	: FEE IS \$61.25	Trust Fund		· -	Added to Fees		ment of S	State	
	FILE NOW	•	Trust Fund	Contribution	on.	Added to Fees	Florida Departi	ment of S	State	
10.	PD MEJIA, FR	OFFICERS AND DIF	Trust Fund	Contribution	on.	Added to Fees	Florida Departi	ment of S	State	
10. TITLE NAME STREET ADDRESS	PD MEJIA, FR 17775 NE	OFFICERS AND DIF EDY J 19TH AVE	Trust Fund	11. TITLE NAME STREE	on.	Added to Fees	Florida Departi	ment of S	State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEJIA, FR 17775 NE N MIAMI B	OFFICERS AND DIF	Trust Func	11. TITLE NAME STREE CITY-	T ADDRESS ST-ZIP	Added to Fees	Florida Departi	ment of \$ ECTORS IN Change	I 10 Addition	
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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 suppowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MARTINEZ, RAUL E

MIAMI FL 33186

10511 SW 108 AVE APT F 193

SIGNATURE RECTUR

4-28-03

(305)354-3416

CR2E037 (10/02)