

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM****Secretary of State****DOCUMENT # N94000001703**1. Entity Name  
AMERICAN TRANSLATORS ASSOCIATION, FLORIDA CHAPTER, INCPrincipal Place of Business  
2301 SW 20TH STREET  
MIAMI FL 33145  
Mailing Address  
PO BOX 14-1057  
CORAL GABLES FL 33114  
US2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0482561**  
Applied For  
Not Applicable5. 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**SCAVUZZO CHANTAL  
7684 ROCK PORT CIRCLE  
LAKE WORTH FL 33467  
USName  
BURRANCA CONSUELO  
Street Address (P.O. Box Number is Not Acceptable)  
11527 SW 64 ST UNIT B  
City MIAMI FL Zip Code 33173

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.

SIGNATURE **CONSUELO BURRANCA****04/27/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	TD	<input type="checkbox"/> Delete
NAME	SLAVUZZO CHANTAL	
STREET ADDRESS	7684 ROCK PORT CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOPEZ TERESA	
STREET ADDRESS	10300 SW 24TH ST #C31	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WRIST IRENE	
STREET ADDRESS	8540 SW 133 AVE. RD., SUITE 301	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZALAMEA LUIS	
STREET ADDRESS	780 SW 21 RD.	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURRANCA CONSUELO		
STREET ADDRESS	11527 SW 64 ST UNIT B		
CITY-ST-ZIP	MIAMI FL 33173		
TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON KIRK		
STREET ADDRESS	2455 FLAMINGO DR		
CITY-ST-ZIP	MIAMI BEACH FL 33140		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALOMO ANTONIO		
STREET ADDRESS	2301 SW 20 ST		
CITY-ST-ZIP	MIAMI FL 33145		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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)(f), 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: ANTONIO PALOMO**

PD

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Tax-Id# Phone#

CR2E037 (11/00)