

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

**FILED**

DOCUMENT # N94000001703  
1. Entity Name  
*American Translators Association, Florida Chapter, Inc*

03 MAR 18 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6821 SW 83 Place  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 14-1057  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE *03*

City & State  
Miami, FL

City & State  
Coral Gables FL

Zip  
33143

Country

Zip  
33114

Country

4. FEI Number 65-0482561 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name *Ida Alvarez*  
Street Address (P.O. Box Number is Not Acceptable)  
*130 Madeira Ave*  
City *Coral Gables* FL Zip Code *33134*

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 *[Signature]* FEE IS \$61.25 Initial or Amended UBR

600009494166  
12/12/02--01116--003 \*\*70.00

(NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT /D LESTER, GIOVANNA 6821 SW 83 Place Miami, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALTERNATE DIRECTOR John CHELLINO 6009 36 ST. PH4, MIAMI FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT /D NICHOLS, GLORIA 1131 SW 102 Court Miami, FL 33174.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY /D OWEN, BETTY HIMIOB 216 Catalonia # 106 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER /D ALVAREZ, IDA 130 Madeira Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALTERNATE DIRECTOR Antonio PALOMO 2301 SW 20th St, Miami FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALTERNATE DIRECTOR Irene WHIST 2540 SW 133 Ave. Rd. # 301, MIAMI, FL 33183

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Giovanna Hester - Giovanna L. Hester* Date *305*  
Daytime Phone # *595-5640*

CR2E037B (12/01)