

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

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90209 042 ****61.25

DOCUMENT # N94000003994

1. Entity Name

**ORGANIZACION IBEROAMERICANA DE DERECHOS DE AUTOR
LATINAUTOR, INCORPORATED**



Principal Place of Business

**1688 MERIDIAN AVENUE
SUITE 509
MIAMI FL 33131**

Mailing Address

**1688 MERIDIAN AVENUE
SUITE 509
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0975849**

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

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE
SUITE 3000
MIAMI FL 33131**

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 **DP** ☐ Delete
NAME **BAUTISTA, EDUARDO**
STREET ADDRESS **FERNANDO VI, 4**
CITY-ST-ZIP **MADRID, SPAIN**

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

TITLE **DVP** ☐ Delete
NAME **OCAMPO, GUILLERMO**
STREET ADDRESS **LAVALLE 1547**
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA**

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

TITLE **D** ☐ Delete
NAME **CANTORAL, ROBERTO**
STREET ADDRESS **MAYORAZGO 129 COL XOCO**
CITY-ST-ZIP **03330 MEXICO DF**

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

TITLE **D** ☐ Delete
NAME **MARIZCURRENA, MARTIN**
STREET ADDRESS **CANELONES 1130**
CITY-ST-ZIP **MONTEVIDEO, URUGUAY**

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

TITLE **D** ☐ Delete
NAME **SCHUSTER, SANTIAGO**
STREET ADDRESS **SAN ANTONIO 427**
CITY-ST-ZIP **SANTIAGO, CHILE**

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

TITLE **D** ☐ Delete
NAME **MIGLIO, LEANDRO D.R.**
STREET ADDRESS **LAVALLE 1548**
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 10 2003

Date

954 294 3827

Daytime Phone #

CR2E037 (10/02)