

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000005108**

1. Entity Name

UNIVERSIDAD LATINOAMERICANA DE LA LIBERTAD FRIED**FILED**
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90076 023 ****61.25

Principal Place of Business

**780 N.W. LE JEUNE ROAD
SUITE 622
MIAMI FL 33126**

Mailing Address

**780 N.W. LE JEUNE ROAD
SUITE 622
MIAMI FL 33126-5538**

2. Principal Place of Business

1400 N.W. 79th Avenue

Suite, Apt. #, etc.

3. Mailing Address

1400 N.W. 79th Avenue

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami, FloridaCity & State
Miami, Florida

4. FEI Number

58-2180065

Applied For

Not Applicable

Zip
33126Country
U.S.A.Zip
33126Country
U.S.A.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****PALMER, EDUARDO
8840 N.W. 196TH STREET
MIAMI FL 33018**

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.

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
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **PD** ☐ Delete
NAME **WEILL, ROBERTO A**
STREET ADDRESS **780 N.W. LE JEUNE ROAD, SUITE 622**
CITY-ST-ZIP **MIAMI FL 33122**TITLE **PD** ☒ Change ☐ Addition
NAME **WEILL, ROBERTO A**
STREET ADDRESS **1400 N.W. 79th Avenue**
CITY-ST-ZIP **Miami, Florida 33126**TITLE **VDS** ☐ Delete
NAME **PALMER, EDUARDO**
STREET ADDRESS **780 N.W. LE JEUNE ROAD, SUITE 622**
CITY-ST-ZIP **MIAMI FL 33126**TITLE **VDS** ☒ Change ☐ Addition
NAME **PALMER, EDUARDO**
STREET ADDRESS **1400 N.W. 79th Avenue**
CITY-ST-ZIP **Miami, Florida 33126**TITLE **D** ☐ Delete
NAME **FERNANDEZ, MATIAS**
STREET ADDRESS **780 N.W. LE JEUNE ROAD, SUITE 622**
CITY-ST-ZIP **MIAMI FL 33126**TITLE **D** ☒ Change ☐ Addition
NAME **FERNANDEZ, MATIAS**
STREET ADDRESS **1400 N.W. 79th Avenue**
CITY-ST-ZIP **Miami, Florida 33126**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

(305)444-4050

Date

Daytime Phone #

CR2E037 (9/99)