

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # N94000005654

1. Entity Name
 PARAGUAYAN-AMERICAN CHAMBER OF COMMERCE, INC.

Principal Place of Business
 8311 N.W. 66TH STREET
 MIAMI FL 33166 US

Mailing Address
 P.O. BOX 52-6742
 MIAMI FL 33152 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number
65-0542598
 Applied For
 Not Applicable

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

Zip Country Zip Country

6. Name and Address of Current Registered Agent
 MENCHACA CESAR A
 310 N.W. 198TH AVENUE
 PEMBROKE PINES FL 33029 US

7. Name and Address of New Registered Agent
 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 _____ DATE **04/29/2001**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALEJANDRO CHIRIFE 80 SW 8TH ST. SUITE 2190 MIAMI FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOWENTHAL EVELINA 6972 N.W. 51ST STREET MIAMI FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTILLO INES 6972 N.W. 51ST STREET MIAMI FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENCHACA CESAR 6972 N.W. 51ST STREET MIAMI FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALLEJO CARLOS 80 SW 8TH STREET STE. 2190 MIAMI FL 33130

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LLEDO LUIS 8311 N.W. 66TH STREET MIAMI FL 33166 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHIRIFE ALEJANDRO 8311 N.W. 66TH STREET MIAMI FL 33136 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOWENTHAL EVELINA 8311 N.W. 66TH STREET MIAMI FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MENCHACA CESAR A 8311 N.W. 66TH STREET MIAMI FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENCHACA CESAR A 8311 N.W. 66TH STREET MIAMI FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARDONA JORGE E 8311 N.W. 66TH STREET MIAMI FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: menchaca T 04/29/2001

CR2E037 (11/00)