

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

0023713

DOCUMENT # N94000005950

1. Entity Name

INTERNATIONAL AGRIBUSINESS MANAGEMENT ASSOCIATIO  
N - CUBA (MIAMI) CHAPTER, INC.



FILED

03 MAY -5 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1101 BRICKELL AVE STE 1400  
MIAMI FL 33131

Mailing Address

1101 BRICKELL AVE STE 1400  
MIAMI FL 33131

2. Principal Place of Business

2665 S. Bayshore Dr.

Suite, Apt. #, etc.

Suite 200

City & State

Miami, FL

Zip

33133

Country

U.S.A.

3. Mailing Address

2665 S. Bayshore Dr.

Suite, Apt. #, etc.

Suite 200

City & State

Miami, FL

Zip

33133

Country

U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0544380

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, JR, NICOLAS J ESO  
1101 BRICKELL AVE STE 1400  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2665 S. Bayshore DR

Grand Bay Plaza, Suite 200

City

Miami

FL

Zip Code

33133

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

Nicolás J. Gutiérrez, Jr. Registered Agent 4/23/03

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	BEGUIRISTAIN, ALBERTO	
STREET ADDRESS	10255 S.W. 96TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DST	<input type="checkbox"/> Delete
NAME	DEARMAS, ALBERTO	
STREET ADDRESS	1050 PALERMO AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GUTIERREZ, NICOLAS J JR	
STREET ADDRESS	7446 S.W. 54TH AVE.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2665 S. Bayshore DR, Suite 200	
STREET ADDRESS	miami, FL 33133	
CITY-ST-ZIP		
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		
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)(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:

Nicolás J. Gutiérrez, Jr. President 4/23/03 (305) 285-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)