

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90019 029 ****61.25

DOCUMENT # N95000002291

1. Entity Name

FLORIDA PARTNERSHIP OF THE AMERICAS, INC.

Principal Place of Business

Mailing Address

% MORGAN, LEWIS & BOCKIUS
200 S. BISCAYNE BLVD., SUITE 5300
MIAMI FL 33131-2339

% MORGAN, LEWIS & BOCKIUS
200 S. BISCAYNE BLVD., SUITE 5300
MIAMI FL 33131-2303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1101 BRICKELL AVE

1101 BRICKELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 703

SUITE 703

City & State

City & State

MIAMI FL

MIAMI, FL

Zip

Country

Zip

Country

33131

USA

33131

USA

4. FEI Number

65-0582861

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

JOHNSON, ETHAN W
MORGAN, LEWIS & BOCKIUS
200 S. BISCAYNE BLVD., SUITE 5300
MIAMI FL 33131-2339

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:
FEF 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEIVA, MARIA C
2305 NW 107 AVE
MIAMI FL 33172 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VILLAMIL, ANTONIO
2655 LE JEUNE RD. STE 608
CORAL GABLES FL 33134 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PRIO, MARIA E
2 S BISCAYNE BLVD., STE. 3900
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VODICKA, SUSAN S
1101 BRICKELL AVE. SUITE 703
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROCHIN, ROBERT
200 S BISCAYNE BLVD #5003
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. PRESENCIO ARCOS
2333 PONCE DE LEON BLVD.
CORAL GABLES, FL. 33134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. JOSEPH P. KLOCK
200 S. BISCAYNE BLVD. #
MIAMI, FL. 33131 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. DOLORES K. QUINTERO
1101 BRICKELL AVE., SUITE 703
MIAMI, FL 33131 ☐ Change ☒ Addition

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

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

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

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

SUSAN S. VODICKA 1/26/00
305-377-0203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #