

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004371

1. Entity Name

A.I.P.E.U.C. - CAPITULO DE LA FLORIDA, INC.

FILED

May 22, 2002 8:00 am
Secretary of State

05-22-2002 90193 045 ****61.25

Principal Place of Business

1402 KENNEDY CAUSEWAY NO. 219
NORTH BAY VILLAGE FL 33141

Mailing Address

1402 KENNEDY CAUSEWAY NO. 219
NORTH BAY VILLAGE FL 33141

2. Principal Place of Business

8991 S.W. 107 AVE #200

Suite, Apt. #, etc.

MIAMI FLORIDA

City & State

33176

Zip

Country

3. Mailing Address

8991 S.W. 107 AVE #200

Suite, Apt. #, etc.

MIAMI FLORIDA

City & State

33176

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0601786

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SONNIA, VALDIVIA

1900 S TREASURE DR APT 9T
NORTH BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent

Name

FERNANDO LLERENA

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

8991 S.W. 107 AVE #200

City

MIAMI

FL

Zip Code

33176

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

TITLE PD
NAME VALDIVIA, SONNIA V ☐ Delete
STREET ADDRESS 1402 KENNEDY CAUSEWAY NO. 219
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141

TITLE VD
NAME ALVA, SILVIO ☐ Delete
STREET ADDRESS 5800 S.W. 92ND AVE.
CITY-ST-ZIP MIAMI FL 33172

TITLE SD
NAME PAJARES, JULVER ☐ Delete
STREET ADDRESS 2735 W. 52ND STREET NO. 206
CITY-ST-ZIP HIALEAH FL 33016

TITLE TD
NAME LLERENA, GLADYS ☐ Delete
STREET ADDRESS 10801 S.W. 109TH COURT
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME LLERENA, FERNANDO
STREET ADDRESS 8991 S.W. 107 AVE #200
CITY-ST-ZIP MIAMI FLORIDA 33176

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

TITLE SD ☐ Change ☐ Addition
NAME ROY, O'BRIAN
STREET ADDRESS 8991 S.W. 107 AVE #200
CITY-ST-ZIP MIAMI FLORIDA 33176

TITLE TD ☐ Change ☐ Addition
NAME GONZALEZ, ALLAN
STREET ADDRESS 8991 S.W. 107 AVE #200
CITY-ST-ZIP MIAMI FLORIDA 33176

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

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

Date

305-273-4499

Daytime Phone #

CR2E037 (9/01)