

N96000000798

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Chong  
C.COULLIETTE

JUN 15 2010

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Uruguayan American Chamber of Commerce (FL), Inc  
Name of Corporation

**DOCUMENT NUMBER:** N96000000798

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Benjamin Schiff  
Name of Contact Person

Benjamin Schiff, Attorney  
Firm/Company

1901 HARRISON STREET  
Address

HOLLYWOOD, FLORIDA 33020  
City/State and Zip Code

ben@schiffawcpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Schiff at ( 954 ) 921-6431  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Uruguayan American Chamber of Commerce (FLORIDA), INC.
2. The principal office address: c/o Juan Geymonat, 1919 NW 19TH STREET, SUITE 625  
FORT LAUDERDALE FL 33311
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/15/1996 Document number: N96000000798
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

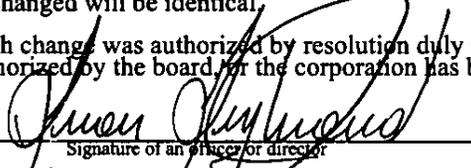
HAGOPIAN, RAFFI  
1717 N. BAYSHORE DRIVE, SUITE 106  
MIAMI, FL 33132

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Benjamin Schiff  
1901 Harrison Street  
P.O. Box NOT acceptable  
Hollywood, Florida 33020

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TALLAHASSEE, FLORIDA  
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, for the corporation has been notified in writing of the change.

 Juan Geymonat  
Signature of an officer or director Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

 6/10/10  
Signature of Registered Agent Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*