

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001406

1. Entity Name

COMMERCIAL DISPUTE RESOLUTION CENTER OF THE AMER

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90111 014 ****70.00

Principal Place of Business

1390 BRICKELL AVE
SUITE 275
MIAMI FL 33131

Mailing Address

1390 BRICKELL AVE
SUITE 275
MIAMI FL 33131-3310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0652009

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROONEY, JOHN H JR
RICE FOWLER L.C.
2222 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Name **ROONEY, JOHN H JR**

Street Address (P.O. Box Number is Not Acceptable)
2655 LE JEVNE ROAD, SUITE 805

City **CORAL GABLES**

FL

Zip Code
33134

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BURTON, LANDY**
STREET ADDRESS **ONE S.E. 3RD AVE, 28TH FL**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **EXECUTIVE DIRECTOR** ☐ Change ☒ Addition
NAME **RAFAEL CASTILLO-TRIANA**
STREET ADDRESS **1390 BRICKELL AVE SUITE 275**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
NAME **JUNCADELLA, SALVADOR J**
STREET ADDRESS **200 S. BISCAYNE BLVD., SUITE 5300**
CITY-ST-ZIP **MIAMI FL 33131-2339**

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

TITLE **D** ☐ Delete
NAME **SANTOS, JOSE A JR.**
STREET ADDRESS **201 S. BISCAYNE BLVD., SUITE 3000**
CITY-ST-ZIP **MIAMI FL 33131-2339**

TITLE **D** ☒ Change ☐ Addition
NAME **SANTOS, JOSE A JR.**
STREET ADDRESS **1221 BRICKELL AVENUE, 21st FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
NAME **MASON, PAUL E**
STREET ADDRESS **1390 BRICKELL AVE SUITE 275**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☒ Change ☐ Addition
NAME **MASON, PAUL E**
STREET ADDRESS **701 WATERFORD WAY, SUITE 490**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☐ Delete
NAME **MARKUS, ANDREW J**
STREET ADDRESS **201 S BISCAYNE BLVD 25TH FL**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **D** ☐ Delete
NAME **CAPABLANCA, FERNANDO**
STREET ADDRESS **701 BRICKELL AVE STE 2050**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☒ Change ☐ Addition
NAME **CAPABLANCA, FERNANDO**
STREET ADDRESS **701 BRICKELL AVE, STE 1450**
CITY-ST-ZIP **MIAMI FL 33131**

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:

Rafael Castillo-Triana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)