

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004149

1. Entity Name

CUSTOMS/TRADE/FINANCE SYMPOSIUM OF THE AMERICAS, f

FILED

Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90017 037 ****61.25

Principal Place of Business

Mailing Address

5600 NW 36 ST., STE 601
MIAMI FL 33132

PO BOX 530308
MIAMI FL 33158

2. Principal Place of Business

3. Mailing Address

777 NW 72 AVE

777 NW 72 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3BB65

3BB65

City & State

MIAMI, Florida

City & State

MIAMI FL

Zip

33126

Country

USA

Zip

33126

Country

USA

4. FEI Number

65-0687709

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

KOCUREK, TODD
1242 N. DUVAL STREET
TALLAHASSEE FL 32303

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: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 DS
NAME GAUDY, DENISE C ☐ Delete
STREET ADDRESS 701 BRICKELL AVENUE, SUITE 800
CITY-ST-ZIP MIAMI FL 33131

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

TITLE DP
NAME LEIVA, GERMAN ☐ Delete
STREET ADDRESS 2305 N.W. 107TH AVE., SUITE 107
CITY-ST-ZIP MIAMI FL 33172

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

TITLE DTS
NAME SANDLER, GILBERT LEE ☐ Delete
STREET ADDRESS 5200 BLUE LAGOON DRIVE
CITY-ST-ZIP MIAMI FL 33126

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

TITLE D
NAME LESNIK, GERALD ☐ Delete
STREET ADDRESS 2401 N.W. 69 STREET
CITY-ST-ZIP MIAMI FL 33147

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

TITLE D
NAME MARINO, ALBERTO J ☐ Delete
STREET ADDRESS 7300 N.W. 35TH TERRACE
CITY-ST-ZIP MIAMI FL 33122

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

TITLE D
NAME GALLOGUY, C. ☐ Delete
STREET ADDRESS 5600 NW 36TH ST STE 601
CITY-ST-ZIP MIAMI FL

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ER37 / 5/00