

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000004149**

1. Entity Name

CUSTOMS/TRADE/FINANCE SYMPOSIUM OF THE AMERICAS,**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90258 025 ****61.25

0037819

A0068768

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**777 NW 72 AVE
38865
MIAMI FL 33126**

Mailing Address

**777 NW 72 AVE
38865
MIAMI FL 33126**

2. Principal Place of Business

5200 BLUE LAGOON DR. SUITE 600

3. Mailing Address

5200 BLUE LAGOON DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 600**SUITE 600**

City & State

City & State

MIAMI, FLORIDA 33126**MIAMI, FLORIDA 33126**

4. FEI Number

65-0687709

Applied For

Not Applicable

Zip

Country

Zip

Country

33126**USA****33126****USA**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

**KOCOUREK, TODD
1242 N. DUVAL STREET
TALLAHASSEE FL 32303**Name **GILBERT LEE SANDLER**

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

5200 BLUE LAGOON DRIVE, SUITE 600

City

MIAMI**FL**Zip Code
33126

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

GILBERT LEE SANDLER, DIRECTOR/TREASURER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/30/01**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	DS	<input checked="" type="checkbox"/> Delete
NAME	GAUDY, DENISE C	
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 800	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ-JONES, JOSE	
STREET ADDRESS	8050 NW 79th Avenue	
CITY-ST-ZIP	MIAMI, FLORIDA 33166	

TITLE	DP	<input type="checkbox"/> Delete
NAME	LEIVA, GERMAN	
STREET ADDRESS	2305 N.W. 107TH AVE., SUITE 107	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTEIRO, FRANCISCO X.	
STREET ADDRESS	701 WATERFORD WAY, SUITE 1000	
CITY-ST-ZIP	MIAMI, FLORIDA 33126	

TITLE	DTS	<input type="checkbox"/> Delete
NAME	SANDLER, GILBERT LEE	
STREET ADDRESS	5200 BLUE LAGOON DRIVE	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDLER, GILBERT LEE	
STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 600	
CITY-ST-ZIP	MIAMI, FLORIDA 33126	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LESNIK, GERALD	
STREET ADDRESS	2401 N.W. 69 STREET	
CITY-ST-ZIP	MIAMI FL 33147	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MARINO, ALBERTO J	
STREET ADDRESS	7300 N.W. 35TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33122	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GALLOGUY, C.	
STREET ADDRESS	5600 NW 36TH ST STE 601	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

GILBERT LEE SANDLER, DIRECTOR/TREASURER

SIGNATURE:

SIGNATURE REQUIRED

(305) 267-9200

CR2E037 (10/00)