

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2000 08:00 AM**
Secretary of State**DOCUMENT # N96000004493****1. Entity Name**

THE INTER-AMERICAN CENTER FOR HUMAN RIGHTS, INC.

Principal Place of BusinessC/O JAMES WILETS
3605 SW 37TH AVENUE
MIAMI
33133

FL

Mailing AddressC/O JAMES WILETS
3605 SW 37TH AVENUE
MIAMI
33133

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number**65-0728851**

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**WILETS JAMES D
3605 SW 37TH AVENUEMIAMI FL
33133 US

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.)

04/29/2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	WIESSNER SIEGFRIED	16400 NW 32ND AVENUE	MIAMI FL 33054	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
M	WILETS JAMES D	3605 SW 37TH AVE	MIAMI FL 33133	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DS	SCHNABLY STEPHEN	1311 MILLER DRIVE	CORAL GABLES FL 33146	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DC	LITTLE CHERYL AESQ	3000 BISCAYNE BLVD. 4TH FLOOR	MIAMI FL 33137	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DVC	DONOHOU DOUGLAS L	3305 COLLEGE AVENUE	FORT LAUDERDALE FL 33314	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ADAMS WILLIAM EJ	3305 COLLEGE AVENUE	FORT LAUDERDALE FL 33314	

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

JOSEPH, PAUL, D
3305 COLLEGE AVENUE

FORT LAUDERDALE, FL 33314