

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004493

1. Entity Name

THE INTER-AMERICAN CENTER FOR HUMAN RIGHTS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90034 047 ****61.25

Principal Place of Business

Mailing Address

C/O JAMES WILETS
 9605 SW 37TH AVENUE
 MIAMI FL 33133
 1160 NE 100th St
 MIAMI SHORES FL 33138

C/O JAMES WILETS
 3605 SW 37TH AVENUE
 MIAMI FL 33133
 1160 NE 100th St
 MIAMI SHORES, FL 33138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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
 9605 SW 37TH AVENUE
 MIAMI FL 33133
 1160 N.E. 100th St.
 MIAMI SHORES, FL 33138

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

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	D ADAMS, WILLIAM E JR 3305 COLLEGE AVENUE FORT LAUDERDALE FL 33314 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC DONOHO, DOUGLAS L 3305 COLLEGE AVENUE FORT LAUDERDALE FL 33314 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LITTLE, CHERYL A ESQ 3000 BISCAYNE BLVD. 4TH FLOOR MIAMI FL 33137 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHNABLY, STEPHEN 1311 MILLER DRIVE CORAL GABLES FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WILETS, JAMES D 9605 SW 37TH AVE MIAMI FL 33133 1160 N.E. 100th St - MIAMI SHORES, FL 33138 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIESSNER, SIEGFRIED 16400 NW 32ND AVENUE MIAMI FL 33054 <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Paul Joseph 3305 College Avenue Fort Lauderdale, FL 33314 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, T Barbara Brodman 2208 SE. 20th St FT Lauderdale, FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 James D. WILETS

04/20/01 954-262-6097

CR2E037 (10/00)