

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0017107

DOCUMENT # N97000000290

1. Entity Name

U.S. -SPAIN COUNCIL, INC.



FILED

04 FEB 19 PM 2:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

2715 M STREET, NW
SUITE 100-A
WASHINGTON DC 20007
US

Mailing Address

2715 M STREET, NW
SUITE 100-A
WASHINGTON DC 20007

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0732725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASENCIO, MARIA D MS.
500 AUSTRALIAN AVENUE, SOUTH
SUITE 900
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name ALAN BECKER
Street Address (P.O. Box Number is Not Acceptable)
Becker + Pava Kaff P.A.
3111 Stirling Rd.
City FT Lauderdale FL Zip Code 33312-6525

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: registered Agent signature required when reinstating)

DATE

2/11/04

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME THE HONORABLE CHRISTOPHER J. DODD
STREET ADDRESS SR-444 RUSSELL SENATE BUILDING
CITY-ST-ZIP WASHINGTON DC 20510

TITLE P ☐ Delete
NAME HARMAN, WILLIAM R MR.
STREET ADDRESS ONE EAST END AVENUE, 7C
CITY-ST-ZIP NEW YORK NY 10021

TITLE VP ☐ Delete
NAME MUJAL-LEON, EUSEBIO DR.
STREET ADDRESS GEORGETOWN UNIV., 37TH & O STREETS, NW,
CITY-ST-ZIP SUITE 681 ICC, WASHINGTON DC 20057

TITLE D ☒ Delete
NAME ASENCIO, DIEGO C AMB
STREET ADDRESS 500 AUSTRALIAN DRIVE SOUTH, SUITE 900
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE Executive Director ☐ Delete
NAME WATSON, JUDITH T MRS.
STREET ADDRESS 2715 M STREET, N.W., SUITE 100
CITY-ST-ZIP WASHINGTON DC 20007

TITLE D ☐ Delete
NAME ALTMAN, EMILY MRS.
STREET ADDRESS 1221 AVENUE OF THE AMERICAS, 27TH FLOOR
CITY-ST-ZIP NEW YORK NY 10020

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/04 202-333-4287

CR2E037 (4/03)