

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003718

1. Entity Name

A.L.A.S. ASOCIACION LATINOAMERICANA DE SEGURIDA

Principal Place of Business

4315 N.W. 7TH ST., STE 41
MIAMI FL 33126

Mailing Address

P.O. BOX 522810
MIAMI FL 33152-2810

2. Principal Place of Business

3. Mailing Address

PO Box 522810

Suite, Apt. #, etc.

9881 NW 52nd Lane

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33178

Country

USA

Zip

33152-2810

Country

U.S.A

4. FEI Number

65-0772307

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

GUTIERRE, FERNANDO III
4315 N.W. 7TH ST., STE 41
MIAMI FL 33126

Name

ANDREA FERRANDO

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

9881 NW 52nd Lane

City

Miami

FL

Zip Code

33178

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

Andrea Ferrando

Andrea Ferrando Executive Director

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	PED GUTIERRE, FERNANDO 4315 N.W. 7TH ST., STE 41 MIAMI FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, GEORGE 9590 N.W. 40TH ST MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCASKILL, DEAN 1769 N.W. 79TH AVE MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALMON, MAURICIO 7501 N.W. 36TH ST MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director ANDREA FERRANDO 9881 NW 52nd Lane Miami FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gina M. Cohen 21061 South Western Avenue Torrance, CA 90501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Humberto de la Vega Ecuador 506 Colonia Bellavista Leon 37360, Gto - Mexico	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Eileen Baird 383 Main Avenue Norwalk, Connecticut 06851	<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

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:

Andrea T Ferrando

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00

Date

305-592-1119

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90042 026 ***61.25