

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005181

1. Entity Name

ASOCIACION MUJERES ARGENTINAS CORP.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90023 010 ****61.25

Principal Place of Business

710 NORTHEAST 29 STREET
SUITE 3C
MIAMI FL 33137

Mailing Address

710 NORTHEAST 29 STREET
SUITE 3C
MIAMI FL 33137-4679

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0781009

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

MARGOT, RIVERO
710 N.E. 29 ST
STE 3C
MIAMI FL 33137

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 PD
NAME RIVERO, MARGOT
STREET ADDRESS 710 NE 29 STREET, STE 3C
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE Vice President
NAME Mercedes Montalbetti
STREET ADDRESS 8017 Harding Avenue # 1.
CITY-ST-ZIP MIAMI BEACH, FL 33141 ☐ Change ☒ Addition

TITLE VD
NAME BEILLARD, MARTHA
STREET ADDRESS 710 NE 29 STREET, STE 3C
CITY-ST-ZIP MIAMI FL 33137 ☒ Delete

TITLE Secretary
NAME Marta Spoliansky
STREET ADDRESS 800 Parkview Drive # 1814
CITY-ST-ZIP HALLANDALE, FL 33009 ☐ Change ☒ Addition

TITLE T
NAME YROSALINSKY, ROSA
STREET ADDRESS 710 NE 29 STREET, STE 3C
CITY-ST-ZIP MIAMI FL 33137 ☒ Delete

TITLE Treasurer
NAME Olga--M. Bailez
STREET ADDRESS 660 NE 93 ST
CITY-ST-ZIP MIAMI SHORES, FL, 33138- 2907 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

OLGA M. BAILEZ **OLGA M. BAILEZ** 16 MARCH 2000 (305) 757-4337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER Date Daytime Phone #

CR2E037 (9/99)