

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90096 015 \*\*\*\*61.25

**DOCUMENT # N98000000329**

1. Entity Name

**FRIENDS OF MEXICO, INC.**

Principal Place of Business

**1200 NW 78TH AVENUE  
 SUITE 203  
 MIAMI FL 33126**

Mailing Address

**1200 NW 78TH AVENUE  
 SUITE 203  
 MIAMI FL 33126**

2. Principal Place of Business

**5975 SW 72 STREET**

3. Mailing Address

**5975 SW 72 STREET**

Suite, Apt. #, etc.

**Suite 300**

Suite, Apt. #, etc.

**Suite 300**

City & State

**MIAMI FLORIDA**

City & State

**MIAMI FLORIDA**

Zip

**33143**

Country

**USA**

Zip

**33143**

Country

**USA**

4. FEI Number

**65-0858827**

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

Name

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

**999 BUCKELL AVE**

**Suite 700**

City

**MIAMI**

FL

Zip Code

**33131**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**5 SEP 2002**

**After September 13, 2002,  
 min. will be \$236.25.**

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	<b>D</b> <b>SERRANO, JAIME M</b> <b>1200 NW 78TH AVE., STE 203</b> <b>MIAMI FL 33178</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARCIA, SOFIA</b> <b>1200 NW 78TH AVENUE STE 200</b> <b>MIAMI FL 33178</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CORTES, CLARISSA</b> <b>1200 NW 78TH AVE., STE 200</b> <b>MIAMI FL 33126</b>	<input checked="" 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		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Stephen P. Walroth-Sadurni</b> <b>999 BUCKELL AVE, STE # 700</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>TERRE VILLAREAL</b> <b>5975 SUNSET DRIVE</b> <b>MIAMI FLORIDA 33143</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>ENRIQUE R. FELGUERAS, JR</b> <b>45 ALHAMBRA PLAZA</b> <b>CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>TERESA CAMPELO</b> <b>ONE GROVE ISLE, Apt. 810</b> <b>COCONUT GROVE FL 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Roberto Santiesteban</b> <b>8950 North Kendall Drive, #402</b> <b>MIAMI FL 33176</b>	<input type="checkbox"/> Change <input checked="" 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: Stephen P. Walroth-Sadurni (5 Sep 02)**

CR2E037 (4/02)