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2001 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2001 90249 027 ****61.25

DOCUMENT # N98000006773

1. Entity Name

ECUADORIAN AMERICAN FOUNDATION INC.

Principal Place of Business

3-GROVE ISLE DR.
201
COCONUT GROVE
FL 33133

Mailing Address

3-GROVE ISLE DR.
201
COCONUT GROVE
FL 33133

2. Principal Place of Business

825 BRICKELL BAY DR

3. Mailing Address

825 BRICKELL BAY DR.

Suite, Apt. #, etc.

850

Suite, Apt. #, etc.

850

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

65-0899319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0067724

6. Name and Address of Current Registered Agent

SALCEDO, GUILLERMO
3-GROVE ISLE DR. # 201
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name

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

825 BRICKELL BAY DR.

APT # 850

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW
FEES \$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

TITLE ☐ Delete
NAME D
STREET ADDRESS SALCEDO, GUILLERMO
CITY-ST-ZIP 3-GROVE ISLE DR. # 201
COCONUT GROVE FL 33133

TITLE ☐ Delete
NAME D
STREET ADDRESS SALCEDO, LINDA
CITY-ST-ZIP 3-GROVE ISLE DR. # 201
COCONUT GROVE FL 33133

TITLE ☐ Delete
NAME D
STREET ADDRESS SALCEDO, SUSANA
CITY-ST-ZIP 3-GROVE ISLE DR. # 201
COCONUT GROVE FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 825 BRICKELL BAY DR. # 850
CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 825 BRICKELL BAY DR. # 850
CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ Change ☐ Addition
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STREET ADDRESS 825 BRICKELL BAY DR. # 850
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/01 (305) 358-2231

Date

Daytime Phone #

CR2E037 (1/1/00)