

# 2000 UNIFORM BUSINESS REPORT (UBR)

0036584

DOCUMENT # N99000000944

1. Entity Name

UNIVERSIDAD QUETZALCOATL EN IRAPUATO (U.Q.I.), I

FILED

00 NOV 17 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 430275  
MIAMI FL 33243

Mailing Address

P.O. BOX 430275  
MIAMI FL 33243-0275

05/19/00 90099 032 \$158.75

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

Applied For

Not Applicable

65-105 3765

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

REINSTATEMENT 2000

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YEAGER, JOHN F  
300 SEVILLA AVE.  
SUITE 215  
CORAL GABLES FL 33134-6623

Name

Javier Goicochea

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

233 Velarde Ave

City

Coral Gables,

FL

Zip Code

33134

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

11/15/00

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 ☐ Delete  
NAME GASCA, AGUSTIN  
STREET ADDRESS P.O. BOX 430275  
CITY-ST-ZIP MIAMI FL 33243

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

TITLE VD ☐ Delete  
NAME MARTINEZ, HECTOR  
STREET ADDRESS P.O. BOX 430275  
CITY-ST-ZIP MIAMI FL 33243

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

TITLE S XXX Delete  
NAME ESPANA, SILVIA  
STREET ADDRESS P.O. BOX 430275  
CITY-ST-ZIP MIAMI FL 33243

TITLE S ☒ Change ☐ Addition  
NAME Mr. Ernesto Kruger  
STREET ADDRESS P.O. Box 430275  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME GASCA, GUILLERMO  
STREET ADDRESS P.O. BOX 430275  
CITY-ST-ZIP MIAMI FL 33243

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

TITLE D ☐ Delete  
NAME GOICOCHEA, JAVIER  
STREET ADDRESS P.O. BOX 430275  
CITY-ST-ZIP MIAMI FL 33243

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

TITLE D ☐ Delete  
NAME THOMPSON, MARGARET  
STREET ADDRESS P.O. BOX 430275  
CITY-ST-ZIP MIAMI FL 33243

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

AGUSTIN Gasca Date 11/10/00 Daytime Phone (305) 666-6772

CR2E037 (9/99)