

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004482

1. Entity Name

AMERICAN PERUVIAN ACTION COMMITTEE, INC.



**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90023 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6080 SW 16TH TERR.  
 MIAMI FL 33165

6080 SW 16TH TERR.  
 MIAMI FL 33165

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

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACEDO, CARLOS  
 9745 SW 56TH STREET  
 MIAMI FL

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**  
**After September 13, 2000 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 PD ☐ Delete  
 NAME BLASS, CESAR E  
 STREET ADDRESS 6080 SW 16 TERR.  
 CITY-ST-ZIP MIAMI FL 33155

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

TITLE VPD ☐ Delete  
 NAME KOMT, CHARLES W  
 STREET ADDRESS 3513 SW 65 AVE.  
 CITY-ST-ZIP MIAMI FL 33155

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

TITLE SD ☐ Delete  
 NAME CHAVEZ, JUDITH R  
 STREET ADDRESS 927 HARDEE ROAD  
 CITY-ST-ZIP CORAL GABLES FL

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

TITLE TD ☐ Delete  
 NAME BLASS, ZULMA  
 STREET ADDRESS 1050 ALFONSO AVE.  
 CITY-ST-ZIP CORAL GABLES FL 33146

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

TITLE SD ☐ Delete  
 NAME NAHINCCOPA, MAXIMO  
 STREET ADDRESS 6080 SW 16TH TERR.  
 CITY-ST-ZIP MIAMI FL 33165

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

TITLE SD ☒ Delete  
 NAME YON, MAXIMO  
 STREET ADDRESS 234 SW 19 ROAD  
 CITY-ST-ZIP MIAMI FL 33155

TITLE SD ☐ Change ☒ Addition  
 NAME ALAN GONZALEZ  
 STREET ADDRESS PO BOX 960716  
 CITY-ST-ZIP MIAMI, FL 33196

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 REQUIRED

Carlos Macedo

9/08/00 (245) 262-4579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (5/00)