

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90213 001 ***816.25

DOCUMENT # P01000002098

1. Entity Name
UNIVERSIDAD DE LOS PUEBLOS DE LAS AMERICAS, PEOP —
LES' UNIVERSITY OF THE AMERICAS, INC.

Principal Place of Business

11890 SW 8TH ST., #500
MIAMI FL 33184

Mailing Address

11890 SW 8TH ST., #500
MIAMI FL 33184



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2470 NW 102 PL

Suite, Apt. #, etc.
2011-P

City & State
MIAMI FL

Zip
33172

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-1047467

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NATIONAL ASSOCIATION FOR FOREIGN ATTORNEYS

11890 SW 8TH ST., #500

MIAMI FL 33184

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **BARRERA, TERESITA DJ**
STREET ADDRESS **11890 SW 8TH ST., #500**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE **VT** ☐ **Delete**
NAME **PACHECKER, HUMPHREY H**
STREET ADDRESS **11890 SW 8TH ST., #500**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE **S** ☒ **Delete**
NAME **CHERNOFF, GEORGE**
STREET ADDRESS **11890 SW 8TH ST., #500**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/01)