

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000013084

1. Entity Name

I A M INTERAMERICANA, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90033 024 ***150.00

Principal Place of Business

801 BRICKELL BAY DRIVE
SUITE 463
MIAMI FL 33131

Mailing Address

801 BRICKELL BAY DRIVE
SUITE 463
MIAMI FL 33131-2922

2. Principal Place of Business

1401 W Flagler #201

3. Mailing Address

1401 W Flagler #201

Suite, Apt. #, etc.

Miami, FL

Suite, Apt. #, etc.

Miami, FL

City & State

33135

City & State

33135

Zip

Country

Dade

Zip

Country

4. FEI Number

65-0393924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMEJO, LUIS
4898 N.W. 7 STREET
MIAMI FL 33126

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME GIRONA, ARTURO
STREET ADDRESS 11200 S.W. 70 AVE.
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE V
NAME FERNANDEZ, GEORGINA
STREET ADDRESS 428 S.W. 5 AVE.
CITY-ST-ZIP MIAMI FL 33130 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 #

2/15/00 (305) 644-0525