

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085757

1. Entity Name
PERUVIAN-AMERICAN CLUB INC.

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

05-16-2001 90266 004 ***150.00

Principal Place of Business
10975 S.W. 52ND DRIVE
MIAMI FL 33165

Mailing Address
10975 S.W. 52ND DRIVE
MIAMI FL 33165



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0706774

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VASQUEZ, VICENTE
10975 S.W. 52ND DRIVE
MIAMI FL 33165

Name GRIMALDO RIOS

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

3870 W. 10 CT

City HIALEAH

FL

Zip Code 33012

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME VASQUEZ, VICENTE
STREET ADDRESS 10975 S.W., 52ND DR
CITY-ST-ZIP MIAMI FL

☒ Delete

TITLE PRESIDENT
NAME GRIMALDO RIOS
STREET ADDRESS 3870 W. 10 CT
CITY-ST-ZIP HIALEAH FL. 33012

☒ Change ☐ Addition

TITLE VD
NAME RIOS, GRIMALDO
STREET ADDRESS 3870 WEST 10TH CT R
CITY-ST-ZIP HIALEAH FL

☒ Delete

TITLE VICE PRESIDENT
NAME DONNA TRAVANO
STREET ADDRESS 18141 S.W. 84 AVE
CITY-ST-ZIP MIAMI FL. 33157

☒ Change ☐ Addition

TITLE TD
NAME VASQUEZ, STEPHEN O
STREET ADDRESS 4151 S.W. 110TH COURT
CITY-ST-ZIP MIAMI FL

☒ Delete

TITLE TREASURER
NAME DIEGO FLORES
STREET ADDRESS 7331 SW 158 AVE
CITY-ST-ZIP MIAMI FL. 33193

☒ Change ☐ Addition

TITLE SD
NAME LEVANO, PEDRO
STREET ADDRESS 22635 NE 204 TERR.
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

☒ Delete

TITLE SECRETARY
NAME CARMEN CLARK FERNANDEZ
STREET ADDRESS 10966 S.W. 145 CT
CITY-ST-ZIP MIAMI FL. 33186

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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 #

CR2E034 (10/00)