

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90153 029 ***150.00

DOCUMENT # P96000085757

1. Entity Name

PERUVIAN-AMERICAN CLUB INC.



Principal Place of Business

10975 S.W. 52ND DRIVE
MIAMI FL 33165

Mailing Address

10975 S.W. 52ND DRIVE
MIAMI FL 33165

2. Principal Place of Business

SAME

3. Mailing Address

P.O. BOX 652753

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI - FL

4. FEI Number

65-0706774

Applied For

Not Applicable

Zip

Country

Zip

Country

33165

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RIOS, GRIMALDO
3870 W 10 COURT
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name **MARIA ISABEL VASQUEZ**

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

10975 S.W. 52 Dr.

City **MIAMI**

FL

Zip Code **33165**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maria Vasquez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-07-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **RIOS, GRIMALDO**
STREET ADDRESS **3870 W 10 COURT**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **VP** ☐ Delete
NAME **TRAVANO, DONNA**
STREET ADDRESS **18141 SW 84 AVE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **T** ☐ Delete
NAME **FLORES, DIEGO**
STREET ADDRESS **7331 SW 158 AVE**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **S** ☐ Delete
NAME **CLARK FERNANDEZ, CARMEN**
STREET ADDRESS **10966 SW 145 COURT**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **VASQUEZ MARIA ISABEL**
STREET ADDRESS **10975 S.W. 52 DR.**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **VP** ☐ Change ☐ Addition
NAME **Maria Moria Carrion**
STREET ADDRESS **8840 S.W. 105 ST**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **T** ☐ Change ☐ Addition
NAME **CARMEN CLARK**
STREET ADDRESS **10966 S.W. 145 CT.**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **S** ☐ Change ☐ Addition
NAME **Eli R. Alayo**
STREET ADDRESS **2307 SW 37 AVE #300**
CITY-ST-ZIP **MIAMI, FL 33145**

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

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 607, 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 life empowered.

SIGNATURE: *SK Maria Vasquez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-03 (305) 274-7875

Date

Daytime Phone #

CR2E034 (10/02)