

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100843

1. Entity Name

N.A.F.A., NATIONAL ASSOCIATION FOR FOREIGN ATTOR

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 91036 001 ***450.00

Principal Place of Business

11890 SW 8TH STREET
PENTHOUSE IV
MIAMI FL 33184
US

Mailing Address

10008 WEST FLAGLER STREET
SUITE 8-126
MIAMI FL 33174-1828

2. Principal Place of Business

11890 S.W. 8 St.

Suite, Apt. #, etc.

500

3. Mailing Address

Same as above

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State

4. FEI Number

65-0666509

Applied For

Not Applicable

Zip
33184

Country

DADE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PACHECKER, HUMPHREY
10890 S.W. 8TH STREET, SUITE 100
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, 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	D	<input type="checkbox"/> Delete
NAME	BARRERA, MANUEL	
STREET ADDRESS	126 VIRGINIA ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33034	
TITLE	D	<input type="checkbox"/> Delete
NAME	PACHECO, ENGELBERT	
STREET ADDRESS	13907 S.W. 66TH STREET	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN WAINE, CHRISTOPHER	
STREET ADDRESS	11890 S.W. 8TH STREET, PH	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESCOTO, FEDERICO D	
STREET ADDRESS	9630 S.W. 45TH STREET	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	PS	<input type="checkbox"/> Delete
NAME	PACHECKER, HUMPHREY H	
STREET ADDRESS	11890 S.W. 8TH STREET, PENTHOUSE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BARRERA, TERESITA SILVA	
STREET ADDRESS	11890 S.W. 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33184	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 (9/99)