

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094088

1. Entity Name

UNION SOCIAL OF PROFESSIONAL ARGENTINIANS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90051 006 ***150.00

Principal Place of Business

9248 COLLINS AVENUE
 SUITE 106
 MIAMI BEACH FL 33154

Mailing Address

9248 COLLINS AVENUE
 SUITE 106
 MIAMI BEACH FL 33154-3049

2. Principal Place of Business

9248 Collins Avenue
 Suite, Apt. #, etc.
 Suite #106
 City & State
 Miami Beach Fla
 Zip
 33154
 Country
 USA

3. Mailing Address

9248 Collins Avenue
 Suite, Apt. #, etc.
 Suite #106
 City & State
 Miami Beach
 Zip
 FLA 33154
 Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0873793

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSD	<input type="checkbox"/> Delete
NAME	ARRIOLA, HUGO M	
STREET ADDRESS	9248 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33154	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BALESTIERI, MARIA F	
STREET ADDRESS	9248 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hugo M. Arriola
 HUGO M. ARRIOLA

Date

1-24-2000

Daytime Phone #

305-867-4236

CR2E034 (9/99)