

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90163 019 ***150.00

DOCUMENT # P98000094088

1. Entity Name
UNION SOCIAL OF PROFESSIONAL ARGENTINIANS, INC.

Principal Place of Business

**9248 COLLINS AVENUE
 SUITE 106
 MIAMI BEACH FL 33154**

Mailing Address

**9248 COLLINS AVENUE
 SUITE 106
 MIAMI BEACH FL 33154**

2. Principal Place of Business

9248 Collins Ave

3. Mailing Address

9248 Collins Ave #106

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*#106
 Miami Beach
 FL 33154*

City & State

*Miami Beach
 FL 33154*

4. FEI Number **65-0873793**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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

4/23/01

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	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		
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CITY-ST-ZIP		

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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: _____

HUGO MARIO ARRIOLA

4/23/2001

305 8676462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)