

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90029 004 ****61.25

DOCUMENT # **N41175**

1. Entity Name
PERUVIAN-AMERICAN CHAMBER OF COMMERCE, INC

Principal Place of Business Mailing Address

00016338

2. Principal Place of Business **444 BRICKELL AV** 3. Mailing Address **444 BRICKELL AV**

Suite, Apt. #, etc. **311** Suite, Apt. #, etc. **311**

DO NOT WRITE IN THIS SPACE

City & State **MIAMI - FL** City & State **MIAMI - FL**

4. FEI Number **65-0266513** Applied For Not Applicable

Zip **33131** Country **USA** Zip **33131** Country **USA**

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

Name **ORLANDO LOPEZ**
 Street Address (P.O. Box Number is Not Acceptable)
444 BRICKELL AV - SUITE 311
 City **MIAMI** FL Zip Code **33131**

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 

6-23-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	P.D. ORLANDO LOPEZ
STREET ADDRESS		STREET ADDRESS	444 BRICKELL AV - SUITE 311
CITY - ST - ZIP		CITY - ST - ZIP	MIAMI - FL 33131
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	V.D. HERNAN CARRION
STREET ADDRESS		STREET ADDRESS	444 BRICKELL AV - SUITE 311
CITY - ST - ZIP		CITY - ST - ZIP	MIAMI - FL 33131
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	T.D. MARCELO PEREA
STREET ADDRESS		STREET ADDRESS	444 BRICKELL AV - SUITE 311
CITY - ST - ZIP		CITY - ST - ZIP	MIAMI - FL 33131
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	S.D. JOSE DELFINO
STREET ADDRESS		STREET ADDRESS	444 BRICKELL AV - SUITE 311
CITY - ST - ZIP		CITY - ST - ZIP	MIAMI - FL 33131
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	V.D. FERNANDO ALBAREDA
STREET ADDRESS		STREET ADDRESS	444 BRICKELL AV - SUITE 311
CITY - ST - ZIP		CITY - ST - ZIP	MIAMI - FL 33131
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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 617, 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 like empowered.

SIGNATURE: 

6-23-00 (305) 375-0885