I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

#### SIGNATURE: LOUIS A SUPRASKI

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

I

Title	PD
Name	FILGUEIRA, CARLOS
Address	16425 COLLINS AVE. UNIT 2116
City-State-Zip:	SUNNY ISLES BEACH FL 33160

### DOCUMENT# N11000005898

# Entity Name: UNITED STATES ARGENTINA CHAMBER OF COMMERCE, INC.

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.

## **Current Principal Place of Business:**

16425 COLLINS AVENUE UNIT 2116 SUNNY ISLES BEACH, FL 33160

## **Current Mailing Address:**

**16425 COLLINS AVENUE UNIT 2116** SUNNY ISLES BEACH, FL 33160 US

# **FEI Number: NOT APPLICABLE**

# Name and Address of Current Registered Agent:

LOUIS A. SUPRASKI, P.A. 16666 NE 19TH AVENUE 113 NORTH MIAMI BEACH, FL 33162 US

SIGNATURE: CARLOS FILGUEIRA PD

Electronic Signature of Signing Officer/Director Detail

Secretary of State 9683719024CC

FILED Feb 27, 2019

Certificate of Status Desired: No

02/27/2019 Date

02/27/2019 Date