

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90133 036 ****61.25

DOCUMENT # 726864

1. Entity Name

MUNICIPIO DE PUERTO PADRE EN EL EXILIO, INC.

Principal Place of Business

**1523 SW 142 AVENUE
 MIAMI FL 33184
 US**

Mailing Address

**1523 SW 142 AVENUE
 MIAMI FL 33184
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1987552

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

**GONZALEZ, JOSE
 1523 SW 142 AVENUE
 MIAMI FL 33184**

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

Jose Gonzalez

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ALFREDO	
STREET ADDRESS	3220 NW 14 TERRACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOSE, GONZALEZ	
STREET ADDRESS	1523 SW 142 AVE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEDRAZA, ISIDRO F.	
STREET ADDRESS	741 NAVARRE AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	TUR, RAPHAEL	
STREET ADDRESS	14306 S.W. 90 TER	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	QUEVEDO, ANTONIO	
STREET ADDRESS	13221 SW 2ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Jose Gonzalez
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)