

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/14/2003-90228-015-\$61.25-\$61.25 \*  
9/10/2003-90067-006-\$61.25-\$61.25

03 OCT -9 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2513 SW 112 CT

3. Mailing Address

2513 SW 112 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL 33165

City & State

MIAMI FL

4. FEI Number 59-1987552

Applied For  
Not Applicable

Zip

33165

Country

MIAMI-Dade

Zip

33165

Country

MIAMI-Dade

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

CHECK HERE IF MAKING CHANGES 03

6. Name and Address of Current Registered Agent

GONZALEZ, JOSE  
1523 SW 142 AVENUE  
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name ALBERTO MULET  
Street Address (P.O. Box Number is Not Acceptable)  
2513 SW 112 CT  
City MIAMI FL Zip Code 33165

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

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  
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	ALBERTO MULET PD	2513 SW 112 CT	MIAMI FL 33165	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)