

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746843

1. Entity Name

MUNICIPALITY OF GUANE IN EXILE, INC.

Principal Place of Business

Mailing Address

1917 S.W. 21ST TERR.
MIAMI FL 33145

1917 S.W. 21ST TERR.
MIAMI FL 33145-2611

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

NOT APPLICABLE

Applied For

Not Applicable

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

PINON, ORFILO
1917 S.W. 21ST TERR.
MIAMI FL 33145

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

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 PD
NAME CRUZ, FREDRICO
STREET ADDRESS 11443 SW 7 TERR.
CITY-ST-ZIP MIAMI FL 33174

☐ Delete

TITLE P.D.
NAME LEONILA FLORES,
STREET ADDRESS 1525 TREVINO AVE,
CITY-ST-ZIP CORAL GABLES.

☒ Change

☐ Addition

TITLE TD
NAME PINON, ORFILO
STREET ADDRESS 1917 S.W. 21ST TERRACE
CITY-ST-ZIP MIAMI FL 33145

☐ Delete

TITLE
NAME
STREET ADDRESS 2151 SW. 21 ST.
CITY-ST-ZIP SW. MIAMI, FL 33145

☐ Change

☐ Addition

TITLE SD
NAME NERIDA, PAULA
STREET ADDRESS 2841 SW 120 RD
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 / 11 / 2000

305 8583594

Date

Daytime Phone #

CR2E037 (9/99)