

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90046 013 \*\*\*\*61.25

**DOCUMENT # 746843**

1. Entity Name

**MUNICIPALITY OF GUANE IN EXILE, INC.**

Principal Place of Business

Mailing Address

**2151 S.W. 21ST STREET  
MIAMI FL 33145**

**2151 S.W. 21ST STREET  
MIAMI FL 33145**

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, ORFILIO  
2151 S.W. 21ST STREET  
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 NAME	<b>P</b> <b>LEONILA, FLORES</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1525 TREVINO AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33174</b>	
TITLE NAME	<b>T</b> <b>PINON, ORFILIO</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2151 SW 21ST STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE NAME	<b>S</b> <b>YUT, PAULA N</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2841 SW 120 RD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE NAME	<b>D</b> <b>PALACIOS, ARTURO</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>7171 S.W. 15TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	
TITLE NAME	<b>D</b> <b>BUSTO, ARMANDO</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4579 S.W. 3RD ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33144</b>	
TITLE NAME	<b>D</b> <b>CRUZ, FEDERICO</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>11443 S.W. 7TH TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

2 20 02

CR2E037 (9/01)