2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State
03-24-2000 90073 018 ****61.25

DOCUMENT # 751866

1. Entity Name

LEONES CUBANOS EN EL EXILIO, INC.

Principal Place of Business	Mailing Address
4600 NW 7TH ST MIAMI FL 33125 US	P O BOX 352502 MIAMI FL 33135-8502 US

DO NOT WRITE IN THIS SPACE

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 59-1995309 ☐ 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
BEAMUD, JOSE I 3631 S.W. 6TH ST. MIAMI FL 33135-2520	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / STREET ADDRESS / CITY-ST-ZIP	P CAPO, MORAVIA 925 NW 7TH ST, #518W MIAMI FL 33125	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P De Pedro, Angel 4750 N.W. 6th Street Miami, Florida 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARINAS, MANUEL AN G DR 5671 MICHELANGELO ST. CORAL GABLES FL 33116	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GARCIA, LUIS 10411 SW 56TH TERR MIAMI FL 33173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Muniz, Manuel I. 1295 S.W. 22nd Avenue Miami, Florida 33135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FERREIRA, LEONOR 1420 S.W. 12TH ST. MIAMI FL 33135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Garceran, Hilda 4385 W. 12th Lane - Apt. 6 Hialeah, Florida 33012	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT BEAMUD, JOSE I 3631 S.W. 6TH ST. MIAMI FL 33135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD Silva, Marina 4713 N.W. 7th St. #310 Miami, Florida 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BARRO, ERNESTO 12265 S.W. 16TH TERRACE MIAMI FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED March 20, 2000 (305) 416-1338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #