

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

0088910

**DOCUMENT # 751866**

1. Entity Name

**LEONES CUBANOS EN EL EXILIO, INC.**

Principal Place of Business

4600 NW 7TH ST  
 MIAMI FL 33125  
 US

Mailing Address

P O BOX 352502  
 MIAMI FL 33135  
 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

**59-1995309**

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

**BEAMUD, JOSE I**  
**3631 S.W. 6TH ST.**  
**MIAMI FL 33135-2520**

7. Name and Address of New Registered Agent

Name **MANUEL I. MUNIZ**  
 Street Address (P.O. Box Number is Not Acceptable) **1295 S.W. 22<sup>ND</sup> AVENUE**  
 City **Miami,** FL Zip Code **33135**

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

*Angel De Pedro, ANGEL DE PEDRO, PRESIDENT*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**SEE 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DE PEDRO, ANGE<sup>G</sup>L</b>	<b>ANGEL</b>
STREET ADDRESS	<b>4750 NW 6TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARINAS, MANUEL AN G DR</b>	
STREET ADDRESS	<b>5671 MICHELANGELO ST.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33116</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MUNIZ, MANUEL I</b>	
STREET ADDRESS	<b>1295 SW 22 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>GARCERAN, HILDA</b>	
STREET ADDRESS	<b>4385 W. 12TH LN #6</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> Delete
NAME	<b>SILVA, MARINA</b>	
STREET ADDRESS	<b>4713 NW 7TH ST #310</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BARRO, ERNESTO</b>	
STREET ADDRESS	<b>12265 S.W. 16TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Orozco, Binas Andres VPD</b>	
STREET ADDRESS	<b>10251 S.W. FLAGLER TERR.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33174</b>	

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:

*Angel De Pedro, PRESIDENT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

(305) 416-1338

Daytime Phone #

CR2E037 (10/00)