

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-04-2002 90124 029 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

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
US**

17328



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

**MUNIZ, MANUEL I
1295 SW 22ND AVENUE
MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name **LUIS GARCIA**

Street Address (P.O. Box Number is Not Acceptable)
9472 S.W. 154th Place

City **Miami, FL-33196** FL Zip Code

B. 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 **LUIS GARCIA** *[Signature]* **Treasurer** **Feb. 25/02**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE PEDRO, ANGEL 4750 NW 6TH ST MIAMI FL 33125	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUNIZ, MANUEL I 1295 SW 22 AVE MIAMI FL 33135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCERAN, HILDA 4385 W. 12TH LN #6 HIALEAH FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SILVA, MARINA 4713 NW 7TH ST #310 MIAMI FL 33128	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OROZCO, BILAS A 10251 SW FLAGLER TERR MIAMI FL 33174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DED HILDA GARCERAN 4385 W. 12th LN #6 HIALEAH, FL. 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUIS GARCIA 9472 S.W. 154th Place MIAMI, FL. 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUCY BRONAT 8760 S.W. 43rd St MIAMI, FL. 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FRANCISCO A. Carrion 3020 N.W. FLAGLER TERR. MIAMI, FL. 33125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: **HILDA GARCERAN** *[Signature]* **1/16/02 (305) 823-4418**

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

CR2E037 (9/01)