

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90093 032 \*\*\*\*61.25

0037-01

**DOCUMENT # N08848**  
 1. Entity Name  
**LOS FLORIDANOS SOCIAL CLUB, INC.**

Principal Place of Business 1855 W. 60 ST..#410 %LUIS R GARCIA HIALEAH FL 33012-7586	Mailing Address 1855 W. 60 ST..#410 %LUIS R GARCIA HIALEAH FL 33012-7586
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00040913



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 600 West 29th. Street Suite, Apt. #, etc. %Los Floridanos S. C.	3. Mailing Address 9949 N W 27th, Terr. Suite, Apt. #, etc. %ALBERTO M REYES
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City & State HIALEAH, FLORIDA	City & State MIAMI, FLORIDA	4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
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Zip 33012	Country USA	Zip 33172	Country USA	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**GARCIA, LUIS R.**  
 1855 W. 60 ST.  
 #410  
 HIALEAH FL 33012

7. Name and Address of New Registered Agent  
 Name **ALBERTO M REYES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9949 N W. 27th. TERRACE**  
**MIAMI, FLORIDA**  
 City **MIAMI** State **FL** Zip Code **33172**

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 **ALBERTO M REYES TD** *Alberto M Reyes* **MARCH 17-2001**  
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	<b>PD SANTAMARIA, ENRIQUE 4525 W 20TH AVE #429 HIALEAH FL 33012</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP FULGUERA, MARIO 908 SW 139TH PLACE MIAMI FL 33184</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CASTILLO, MARCOS 901 SW 139TH PLACE MIAMI FL 33184</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS GOIZUETA, TERESA 13178 SW 10TH TERR, DR MIAMI FL 33184</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD REYES, ALBERTO M 9949 NW 27TH TER MIAMI FL 33172</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT ALVAREZ, ROBERTO 323 E 61 ST HIALEAH FL 33013</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
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 powers.

SIGNATURE: *ALBERTO M REYES* **ALBERTO M REYES** **305-593-2150**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)