

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90120 006 \*\*\*\*61.25

0026560

**DOCUMENT # N08848**

1. Entity Name

**LOS FLORIDANOS SOCIAL CLUB, INC.**

Principal Place of Business

Mailing Address

600 WEST 29TH ST  
 %LOS FLORIDANOS S.C.  
 HIALEAH FL 33012

9949 NW 27TH TERR  
 % ALBERTO M REYES  
 MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**REYES, ALBERTO M**  
**9949 NW 27TH TERR**  
**MIAMI FL 33172**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	<del>SANTAMARIA, ENRIQUE</del>	
STREET ADDRESS	<del>4525 W 20TH AVE #429</del>	
CITY-ST-ZIP	<del>HIALEAH FL 33012</del>	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	<del>FULGUERA, MARIO</del>	
STREET ADDRESS	<del>908 SW 139TH PLACE</del>	
CITY-ST-ZIP	<del>MIAMI FL 33184</del>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<del>CASTILLO, MARCOS</del>	
STREET ADDRESS	<del>901 SW 139TH PLACE</del>	
CITY-ST-ZIP	<del>MIAMI FL 33184</del>	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	<del>GOIZUETA, TERESA</del>	
STREET ADDRESS	<del>13178 SW 10TH TERR, DR</del>	
CITY-ST-ZIP	<del>MIAMI FL 33184</del>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<del>REYES, ALBERTO M</del>	
STREET ADDRESS	<del>9949 NW 27TH TER</del>	
CITY-ST-ZIP	<del>MIAMI FL 33172</del>	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	<del>ALVAREZ, ROBERTO</del>	
STREET ADDRESS	<del>323 E 61 ST</del>	
CITY-ST-ZIP	<del>HIALEAH FL 33018</del>	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONSO, JORGE	
STREET ADDRESS	784 WEST 56th. STREET	
CITY-ST-ZIP	HIALEAH, FL. 33012	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALOWANY, MOISES	
STREET ADDRESS	6301 COLLINS AVE. # 903	
CITY-ST-ZIP	MIAMI BEACH, FL. 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, FELICIA	
STREET ADDRESS	600 N.W. 132 PLACE	
CITY-ST-ZIP	MIAMI, FL. 33182	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUITIAN, CELSO	
STREET ADDRESS	6301 COLLINS AVE. # 1405	
CITY-ST-ZIP	MIAMI BEACH, FL. 33141	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, ALBERTO M	
STREET ADDRESS	9949 N.W. 27th. TERR.	
CITY-ST-ZIP	MIAMI, FL. 33172	

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 I/we empowered.

**ALBERT M. REYES**

**3-17-2002 305-593-2150**

**SIGNATURE:** *Albert M. Reyes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)