

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90013 008 ****70.00

DOCUMENT # N10411

1. Entity Name

ASAMBLEA PROVINCIAL DE LA HABANA EN EL EXILIO, I

Principal Place of Business

Mailing Address

**3503 SW 6TH ST.
 MIAMI FL 33135**

**3503 SW 6TH ST.
 MIAMI FL 33135-2517
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2566367

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOMEZ, ROBERTO PEREDA
 3503 SW 6TH ST
 MIAMI FL 33135**

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	VP	<input type="checkbox"/> Delete
NAME	BRITO, JOSE M	
STREET ADDRESS	5033 NW 7TH ST #206	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, DAGOBERTO	
STREET ADDRESS	8181 NW SOUTH RIVER DRIVE	
CITY-ST-ZIP	MEDLEY FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREDA GOMEZ, ROBERTO	
STREET ADDRESS	3503 SW 6TH ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERNANDEZ, IVAN	
STREET ADDRESS	10300 S.W. 24 ST., APT. D-16	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HURTADO, NELY	
STREET ADDRESS	290 E 39TH STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DIAZ, SILVIA	
STREET ADDRESS	1341 SW 74TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33144	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITO, JOSE M.	
STREET ADDRESS	5033 NW 7TH ST #206	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, DAGOBERTO	
STREET ADDRESS	3551 W 74 PL	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREDA-GOMEZ, ROBERTO	
STREET ADDRESS	3503 SW 6TH ST	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, IVAN	
STREET ADDRESS	10300 S.W. 24 ST., APT. D-31	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURTADO, NELY	
STREET ADDRESS	290 E 39TH STREET	
CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, SIMON A.	
STREET ADDRESS	4634 S.W. 10TH ST	
CITY-ST-ZIP	MIAMI, FL 33134	

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: *Francisco Hernandez* **Francisco Hernandez, Treas. 04/29/00 (305)441-9085**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)