

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90150 036 ****70.00

DOCUMENT # N11014

1. Entity Name

MUNICIPALITIES OF CUBA IN EXILE (OFFICIAL) INC.

Principal Place of Business

Mailing Address

4600 NORTHWEST 7TH STREET
 MIAMI FL 33126

4600 NORTHWEST 7TH STREET
 MIAMI FL 33126-2309

2. Principal Place of Business
 4610 NW 7 ST

3. Mailing Address
 4610 NW 7 ST

Suite, Apt. #, etc.
 Miami, Florida 33126

Suite, Apt. #, etc.
 Miami, Florida 33126

City & State

City & State

4. FEI Number

59-2831032

Applied For

Not Applicable

Zip
 33126

Country

Zip
 33126

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

CABAPCA, JULIO
5761 W. 2 CT
HIALEAH FL 33012

Name **BENITO GONZALEZ**

Street Address (P.O. Box Number is Not Acceptable)

11770 SW 182 Terr

City **Miami, Florida**

FL

Zip Code
33177

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 re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	P CABARGA, JULIO 5761 W. 2 CT HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REVUELTA, GUILLERMO A. 3437 NW 15TH ST MIAMI FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITO, JOSE 5033 NW 7 ST 208 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUIROS, MIRIAM 444 S W 64TH CT MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREDA, ROBERTO 3503 SW 6 ST. MIAMI FL 33135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, RICARDO 41 NW 59 ST MIAMI FL 33126	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENITO GONZALEZ 11770 SW 182 Terr MIAMI, FLORIDA 33177	<input checked="" 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	D JUAN R. GONZALEZ 1781 NW 16 TERR Miami, Florida 33125	<input checked="" 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:

[Signature]
SANCHEZ, RICARDO PRESIDENTE

4-30-2000

Date

Daytime Phone #

CR2E037 (9/99)