

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


FILED

03 OCT 22 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 03  
DO NOT WRITE IN THIS SPACE

DOCUMENT # N 11014  
1. Entity Name  
MUNICIPALITIES OF CUBA IN EXILE (OFFICIAL) INC.



**DO NOT WRITE IN THIS SPACE**

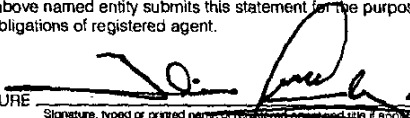
2. Principal Place of Business  
4610 NW 7 St.  
Suite, Apt. #, etc.  
MIAMI FLORIDA  
City & State  
35126  
Zip  
33126 Country  
MIAMI DADE

3. Mailing Address  
SAME  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

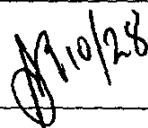
4. FEI Number 59-2831032 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

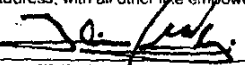
**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name JULIO CABARGA  
Street Address (P.O. Box Number is Not Acceptable)  
5761 WEST 2 CT  
City HIALEAH FL Zip Code 33012

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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE  DATE 10/16/03.  
(NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR  
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President CABARGA, JULIO 5761 W 2 CT Hialeah, Fl. 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary PEREDA, ROBERTO 3503 SW 6 St Miami, Fl. 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200024025412 10/22/03--01070--012 **75.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer HERNANDEZ QUIJANO, RAMON 10759 SW 7 ST Miami, Fl. 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.  
SIGNATURE:  JULIO CABARGA PRESIDENT DATE 10/16/03 ( 305 ) 262-0778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037B (12/02)



*Municipios de Cuba en el Exilio*

4610 N.W. 7 Street, Miami, Florida 33126  
Teléfono 305-447-8866 • Fax 305-442-4206

Miami, 10-17-2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

Ref. N11014, MUNICIPALITIES OF CUBA IN EXILE (OFFICIAL), INC.

Attached application for Not-For-Profit Corporation Uniform Business Report (UBR)  
For the year 2003, Document Number N11014, and the corresponding fees for \$61.25  
annual fee, \$5.00 for change of Registered Agent and \$8.75 for Certificate of Status.

We request the waving of any penalty for late filing since we never received the official  
form.

Thanks for your consideration.

Sincerely,

Julio Cabarga  
President