

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

0023721

03-19-2002 90008 031 \*\*\*\*61.25

**DOCUMENT # N14264**

1. Entity Name

**MUNICIPALITY OF CAMAGUEY IN THE EXILE CORPORATION  
 N (MUNICIPIO DE CAMAGUEY EN EL EXILO CORPORATION)**

Principal Place of Business

Mailing Address

8758 SW 8TH ST  
 MIAMI FL 33174  
 US

P O BOX #441915  
 MIAMI FL 33144  
 US

J I U U U U



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

**59-2727232**

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

**DE MOLA, EDUARDO Z  
 265 GRAPETREE DR.  
 #122  
 KEY BISCAYNE FL 33149**

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	DP	<input checked="" type="checkbox"/> Delete
NAME	DE MOLA, EDUARDO	
STREET ADDRESS	265 GRAPETREE DR. #122	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MORENO, JOSE A.	
STREET ADDRESS	10355 NW 48TH STREET	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BETANCOURT SANZ, ULISES	
STREET ADDRESS	1121 SW 122 AVENUE #315	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ORDAZ, ISABEL	
STREET ADDRESS	12810 SW 43RD DR. #117B	
CITY-ST-ZIP	MIAMI FL 33-1754	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	DE VARONA, LUCILAS	
STREET ADDRESS	1545 MENDAVIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENDO J. CASTILLO	
STREET ADDRESS	7107 SW 148 TERRA.	
CITY-ST-ZIP	MIAMI, FL 33158	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMMA B. SANCHEZ	
STREET ADDRESS	9340 W. FLAGLER ST. #104	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Rosendo J. Castillo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02

(305)266-6191  
 Date Daytime Phone #

CR2E037 (9/01)