

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90441 049 \*\*\*\*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  
**8758 SW 8TH ST  
MIAMI FL 33174  
US**

Mailing Address  
**P O BOX #441915  
MIAMI FL 33144  
US**

2. Principal Place of Business  
**8332 SW 8 ST**

3. Mailing Address

Suite, Apt. #, etc.  
**286**

City & State  
**MIAMI FL**

City & State

Zip  
**33174**

Country  
**MIAMI-DADE**

Zip

Country

4. FEI Number **59-2727232** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP CASTILLO, ROSENDO J 7107 SW 148 TERRACE MIAMI FL 33158</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV MORENO, JOSE A. 10355 NW 48TH STREET MIAMI FL 33178</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS BETANCOURT SANZ, ULISES 1121 SW 122 AVENUE #315 MIAMI FL 33184</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT ORDAZ, ISABEL 12810 SW 43RD DR. #117B MIAMI FL 33-1754</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP SANCHEZ, EMMA B 9340 W FLAGLER ST #104 MIAMI FL 33174</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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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

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* **ROSENDO J CASTILLO** 2/27/03 305-668-0039

CP2E037 (10/02)