


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

**FILED**  
**Jun 30, 2003 8:00 am**  
**Secretary of State**

06-30-2003 90063 030 \*\*\*\*61.25

**DOCUMENT # N93000005088**

1. Entity Name  
**FRENTE DE LIBERACION CUBANO INC.**



Principal Place of Business  
2111 SW 16TH TER  
MIAMI, FL 33145

Mailing Address  
2111 SW 16TH TER  
MIAMI, FL 33145

2. Principal Place of Business  
801 SW 74<sup>TH</sup> COURT  
Suite, Apt. #, etc.

3. Mailing Address  
801 SW 74<sup>TH</sup> COURT  
Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

Zip  
33144

Country  
U.S.A.

Zip  
33144

Country  
U.S.A.



CHECK HERE IF MAKING CHANGES

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

4. FEI Number  Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
CHAVEZ, WILLIAM JR  
2111 SW 16TH TER  
MIAMI, FL 33145

7. Name and Address of New Registered Agent  
Name: WILLIAM CHAVEZ, SR. (PD)  
Street Address (P.O. Box Number is Not Acceptable):  
801 SW 74<sup>TH</sup> COURT  
City: MIAMI FL Zip Code: 33144

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: *William Chavez Sr.* DATE: 6/27/03  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAVEZ, WILLIAM 2111 SW 16 TERRACE MIAMI, FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, NANCY 2600 SW 17 ST. MIAMI, FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHAVEZ, WILLIAM JR. 2111 SW 16 TERRACE MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAVEZ, WILLIAM SR. 801 SW 74 <sup>TH</sup> COURT MIAMI, FL 33144	<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	VPD MAG DIAZ, MAGALI 801 S.W. 74 <sup>TH</sup> COURT MIAMI, FL 33144	<input type="checkbox"/> Change <input checked="" 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

CFR20037 (10/02)

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: *William Chavez Sr.* DATE: 6/27/03 DAYTIME PHONE #: 305-269-0260  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR