

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000087137**

1. Entity Name  
**EL CAMPO DE CUBA, INC.**

FILED

02 OCT 15 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**80138812**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1200 PALM AVENUE  
HIALEAH FL**

Mailing Address  
**1200 PALM AVENUE  
HIALEAH FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0631910**

Applied For  
Not Applicable

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

**GAMEZ, VICTOR  
1200 PALM AVENUE  
HIALEAH FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so:  (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**- After September 13, 2002 Fee will be \$750.00 -**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>	<b>GAMEZ VICTOR</b>	<b>1090 W 35TH STREET HIALEAH FL 33012 4828</b>	<input type="checkbox"/>
	<b>D</b>	<b>GAMEZ DOMINGO</b>	<b>1220 PALM AVENUE APT. 10 HIALEAH FL 33010</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**200008358462**  
**10/14/02--01024--005**  
**\*\*\*\$550.00 \*\*\*\$550.00**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Domingo Gamez* **SIGNATURE REQUIRED Domingo Gamez D.** **9/10/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)