

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90128 022 ****61.25

703979



DO NOT WRITE IN THIS SPACE

DOCUMENT # 713089

1. Entity Name

MUNICIPALITY OF MATANZAS IN EXILE, INC.

Principal Place of Business

Mailing Address

904 SW 23RD AVE
MIAMI FL 33135

904 SW 23RD AVE
MIAMI FLA 33135-4926

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

NOT APPLICABLE

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

PEREZ, DEMETRIO, JR.
904 S.W. 23RD AVE.
MIAMI FL 33135

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	TD	☐ Delete
NAME	PEREZ, DEMETRIO JR.	
STREET ADDRESS	904 S.W. 23 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	☐ Delete
NAME	ESPINOSA, ROLANDO, DR.	
STREET ADDRESS	130 SW 32 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	☐ Delete
NAME	BEVIDES, MARIO	
STREET ADDRESS	1751 SW 2ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ Delete
NAME	BERTA, MILIAN	
STREET ADDRESS	2500 S.W. 6TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	☐ Delete
NAME	RODRIGUEZ, ENRIQUE	
STREET ADDRESS	904 S.W. 23RD AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

[Signature]

1/10/00

CR2E037 (9/99)