

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717901

1. Entity Name

MUNICIPIO DE GUANTANAMO EN EL EXILIO

Principal Place of Business

1951 S.W. 62 AVE.
W. MIAMI FL 33155

Mailing Address

P.O. BOX 351315
RIVERSIDE STATION 129
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

1951 S.W. 62 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
W. MIAMI FL

Zip

Country

Zip
33155

Country
US

4. FEI Number

59-6209526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TUDELA, MIGUEL A
1951 SW 62ND AVE.
MIAMI FL 33155

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBA, B. RAFAEL 5931 SW 88 ST MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNNY VISO 3470 SW 113TH PL MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMON RODRIQUEZ 12401 W OKEECHOBEE #131 HIALEAH GDNS FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIGUEL A TUDELA 1951 SW 62ND AVE W MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SALAS, MIGUEL 2050 N.W. 16TH TERR., #109-E MIAMI FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE LA LLANA, BENJAMIN 10170 SW 26ST MIAMI FL 33165	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90060 015 ****61.25



DO NOT WRITE IN THIS SPACE

CRE037 (10/00)

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