

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90406 028 \*\*\*\*61.25

**DOCUMENT # 717901**

1. Entity Name

**MUNICIPIO DE GUANTANAMO EN EL EXILIO**

Principal Place of Business

Mailing Address

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

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

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

**59-6209526**

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

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

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 PD ☒ Delete  
NAME BARBA, B. RAFAEL  
STREET ADDRESS 5931 SW 88 ST  
CITY-ST-ZIP MIAMI FL 33156

TITLE PD ☒ Change ☐ Addition  
NAME DE LALLANA, BENJAMIN  
STREET ADDRESS 10170 SW 26 ST.  
CITY-ST-ZIP MIAMI FL 33165

TITLE D ☒ Delete  
NAME JOHNNY VISO  
STREET ADDRESS 3470 SW 113TH PL  
CITY-ST-ZIP MIAMI FL 33155

TITLE SD ☐ Change ☒ Addition  
NAME ISIDRO R. RAURELL  
STREET ADDRESS 3580 S.W. 153 AVE.  
CITY-ST-ZIP MIAMI FL 33185

TITLE D ☐ Delete  
NAME RAMON RODRIQUEZ  
STREET ADDRESS 12401 W OKEECHOBEE #131  
CITY-ST-ZIP HIALEAH GDNS FL 33012

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

TITLE TD ☐ Delete  
NAME MIGUEL A TUDELA  
STREET ADDRESS 1951 SW 62ND AVE  
CITY-ST-ZIP W MIAMI FL 33155

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

TITLE TD ☐ Delete  
NAME SALAS, MIGUEL  
STREET ADDRESS 2050 N.W. 16TH TERR., #109-E  
CITY-ST-ZIP MIAMI FL 33125

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

TITLE SD ☐ Delete  
NAME DE LA LLANA, BENJAMIN  
STREET ADDRESS 10170 SW 26ST  
CITY-ST-ZIP MIAMI FL 33165

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: *Miguel A. Tudela* **MIGUEL A. TUDELA** 4/9/02 305 2645147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)