

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728845

1. Entity Name

ASOCIACION DE MANZANILLEROS EN EL EXILIO, INC.

Principal Place of Business

Mailing Address

P.O. BOX 654453  
MIAMI FL 33265-4453

P.O. BOX 654453  
MIAMI FL 33265-4453

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

65-0219040

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

UTSET, BERNARDO  
13372 SW 26 TERR  
MIAMI FL 33175

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  
NAME UTSET, BERNARDO  
STREET ADDRESS 13372 SW 26 TERR  
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE VD  
NAME GONZALEZ, RICARDO  
STREET ADDRESS 7810 NW 189TH ST  
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE SD  
NAME MUNIZ, NELIA  
STREET ADDRESS 1615 SW 137 PLACE  
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE T  
NAME ALFREDO, VALLEJO F201  
STREET ADDRESS 8307 SW 142 AVE  
CITY-ST-ZIP MIAMI FL 33183 ☐ Delete

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

TITLE D  
NAME RAMIRO, BECTOR  
STREET ADDRESS 9920 S.W. 22 ST  
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

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

TITLE ☐ Delete  
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 REQUIRED

Bernardo Utset

2/2/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 14, 2000 8:00 am  
Secretary of State

02-14-2000 90054 016 \*\*\*\*61.25

00019485



DO NOT WRITE IN THIS SPACE