2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 17, 2002 8:00 am Secretary of State **DOCUMENT # 728845** ASOCIACION DE MANZANILLEROS EN EL EXILIO, INC. 02-17-2002 90075 042 ****70.00 Principal Place of Business Mailing Address P.O. BOX 654453 P.O. BOX 654453 MIAMI FL 33265-4453 MIAM! FL 33265-4453 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0219040 Not Applicable Country Zip Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 13372 SW 28 TERR /3838 S.W. 3854. **MIAMI FL 33175** 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 9. Election Campaign Financing Make Check Pavable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01) ☐ Delete ☐ Addition PD TITLE Change 3838 S.W. 3851. miami Fl 33175 NAME UTSET, BERNARDO NAME STREET ADDRESS STREET ADDRESS 13372 SW 26 TERR CITY-ST-ZIF CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE VD. Change ☐ Addition NAME GONZALEZ, RICARDO NAME STREET ADDRESS STREET ADDRESS 7810 NW 189TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition NAME MUNIZ, NELIA NAME STREET ADDRESS STREET ADDRESS 1615 SW 137 PLACE CITY-ST-7IP CITY-ST-ZIP <u>miami fl</u> Change TRESULE/ ☐ Addition **X** Delete TITLE NAME ENNY ALFREDO, VALLEJO F201 NAME 798 N.W. 78 Pl. STREET ADDRESS STREET ADDRESS 8307 SW 142 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 TITLE Delete TITLE ☐ Addition NAME RAMIRO, BECTOR NAME STREET ADDRESS STREET ADDRESS 9920 S.W. 22 ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered