

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90062 003 ****61.25

DOCUMENT # 738168

1. Entity Name

ASOCIACION CIVICA BAYAMESA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 440852
MIAMI FL 33144

P.O. BOX 440852
MIAMI FL 33144-0852

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

59-1909169

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

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	GUTIERREZ, JULIO J	
STREET ADDRESS	5407 NE 31ST AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GONZALEZ-LONGORIA, GRATO	
STREET ADDRESS	9061 SW 112 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUILLERMO, MILLAN	
STREET ADDRESS	6055 W 19TH AVE, #417	
CITY-ST-ZIP	HIALEAH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLAN, DORALIO C	
STREET ADDRESS	5352 SW 144 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	OJEDA, FRANCISCO G	
STREET ADDRESS	13832 SW 14TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PPD	<input type="checkbox"/> Delete
NAME	ECHAVARRIA, GUILLERMO	
STREET ADDRESS	6995 W 17 CT	
CITY-ST-ZIP	HIALEAH FL	

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Soto, Jorge Sr.	
STREET ADDRESS	336 E. Ave. del Rio	
CITY-ST-ZIP	Clewiston, FL. 33440	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)