

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 738168**

1. Entity Name

ASOCIACION CIVICA BAYAMESA, INC.**FILED****Jan 31, 2001 8:00 am**
Secretary of State

01-31-2001 90262 036 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 440852
MIAMI FL 33144P.O. BOX 440852
MIAMI FL 33144

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

MILLAN, DORALIO C
5352 SW 144 CT
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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/23/01***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
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
SOTO, JORGE SR ☐ Delete
336 E. AVE. DEL RIO
CLEWISTON FL 33440TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP ☒ Delete
GONZALEZ-LONGORIA, GRATO
9061 SW 112 CT
MIAMI FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP ☐ Change ☐ Addition
TUNDIDOR, WANDREJESILO,
16284 SW 76 Street
Miami, FL 33193TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S ☐ Delete
GUILLERMO, MILLAN
6055 W 19TH AVE, #417
HIALEAH FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD ☐ Delete
MILLAN, DORALIO C
5352 SW 144 CT
MIAMI FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T ☐ Delete
OJEDA, FRANCISCO G
13832 SW 14TH STREET
MIAMI FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PPD ☐ Delete
ECHAVARRIA, GUILLERMO
6995 W 17 CT
HIALEAH FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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]***SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/01

CR2E037 (10/00)