

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90021 050 \*\*\*\*87.50

000287

**DOCUMENT # 740357**

1. Entity Name

**MUNICIPIO DE MORON EN EXILIO, INC.**

Principal Place of Business

Mailing Address

6825 WEST FLAGLER STREET  
P. O. BOX 440622  
MIAMI FL 33144-9830

P. O. BOX 440622  
P. O. BOX 440622  
MIAMI FL 33144-9830  
US

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

**NOT APPLICABLE**

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

**SORI, HECTOR  
120 NW 86TH COURT  
MIAMI FL 33126**

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  
NAME **SD**  
STREET ADDRESS **DOMINGUEZ, JOSE L.**  
CITY-ST-ZIP **765 W. 73RD PLACE  
HIALEAH FL** ☐ Delete

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

TITLE  
NAME **PD**  
STREET ADDRESS **ECHEVARRIA, MARIO**  
CITY-ST-ZIP **399 GOLDEN BEACH DR.  
N. MIAMI BEACH FL 33160** ☐ Delete

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

TITLE  
NAME **PD**  
STREET ADDRESS **CASTANEDA, OSCAR**  
CITY-ST-ZIP **998 W. 65TH STREET  
HIALEAH FL 33012** ☐ Delete

TITLE  
NAME **TD**  
STREET ADDRESS **CASTANEDA, OSCAR**  
CITY-ST-ZIP **998 W. 65TH STREET  
HIALEAH, FL 33012** ☒ Change ☐ Addition

TITLE  
NAME **TD**  
STREET ADDRESS **DOMINGUEZ, RENE**  
CITY-ST-ZIP **8414 NW 1 TERRACE  
MIAMI FL 33126** ☒ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

*MARIO ECHEVARRIA*  
**MARIO ECHEVARRIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/01 305-932 5092**

Date

Daytime Phone #

CR2E037 (10/00)