

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90134 001 \*\*\*\*61.25

0028322

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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 88TH 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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECHEVARRIA, MARIO</b>	NAME	
STREET ADDRESS	<b>399 GOLDEN BEACH DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33160</b>	CITY-ST-ZIP	
TITLE	<b>VTD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASTANEDA, OSCAR</b>	NAME	
STREET ADDRESS	<b>998 W. 65TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOMINGUEZ, RENE</b>	NAME	
STREET ADDRESS	<b>8414 NW 1 TERR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLAVIJO, EDUARDO A</b>	NAME	
STREET ADDRESS	<b>6061 COLLINS AVE APT 9F</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE: EDUARDO A CLAVIJO (TAMM)**

**4/1/03**

**305-864-2677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)