

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742056

1. Entity Name

MUNICIPIO DE REGLA EN EL EXILIO, INC.

FILED  
Jan 29, 2002 8:00 am  
Secretary of State

01-29-2002 90019 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2742 SW 8 STREET  
217  
MIAMI FL 33125  
US

PO BOX 652333  
APT. #407  
OLYMPIA HEIGHT FL 33265  
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

59-7420560

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

RAMS, VICTOR HUGO  
7380 S.W. 117 TERRACE  
PINECREST FL 33156

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 PD  
STREET ADDRESS FERNANDEZ, AURELIO G  
CITY-ST-ZIP 8960 N.W. 8TH STREET  
MIAMI FL 33172 ☐ Delete

TITLE  
NAME SD  
STREET ADDRESS ROSQUE, HAYDEE  
CITY-ST-ZIP 8801 W FLAGLER ST APT #406  
MIAMI FL 33174 ☐ Delete

TITLE  
NAME T  
STREET ADDRESS CANALES, ARIEL  
CITY-ST-ZIP 801 W 49TH ST, #225  
HIALEAH FL 33012 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1-5-2002 - 305-553-8423

Date Daytime Phone #

CR2E037 (9/01)