

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

**FILED**  
**Jun 23, 2003 8:00 am**  
**Secretary of State**

06-23-2003 90061 029 \*\*\*\*61.25

**DOCUMENT # 742056**

1. Entity Name

**MUNICIPIO DE REGLA EN EL EXILIO, INC.**



Principal Place of Business

**2742 SW 8 STREET  
217  
MIAMI FL 33125  
US**

Mailing Address

**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**

☐ CHECK HERE IF MAKING CHANGES

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. 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

TITLE	<b>PO</b>	<input type="checkbox"/> Delete
NAME	<b>FERNANDEZ, AURELIO G</b>	
STREET ADDRESS	<b>8960 N.W. 8TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ROSQUE, HAYDEE</b>	
STREET ADDRESS	<b>8801 W FLAGLER ST APT #406</b>	
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CANALES, ARIEL</b>	
STREET ADDRESS	<b>801 W 49TH ST, #225</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**04/27/03**

Date

**305-821-1076**

Daytime Phone #

CR2E037 (10/02)