

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State

06-08-2001 90007 005 ****61.25

DOCUMENT # 742100

1. Entity Name

MOVIMIENTO DE RECUPERACION REVOLUCIONARIA (M.R.R)

Principal Place of Business

6320 S.W. 92ND CT.
 MIAMI FL 33173

Mailing Address

6320 S.W. 92ND CT.
 MIAMI FL 33173

772546



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

SALAS, OSCAR A
6320 S.W. 92 CT
MIAMI FL 33173

7. Name and Address of New Registered Agent

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.

(NOT 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	MESSER, NILO	
STREET ADDRESS	7801 SW 29TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	P	<input type="checkbox"/> Delete
NAME	SALAS, OSCAR A	
STREET ADDRESS	6320 S.W. 92 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ABREU, ALCIA	
STREET ADDRESS	7755 87TH AVE, CTE 120	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MESSER, MARIA CRISTINA	
STREET ADDRESS	7801 S.W. 29TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGION, JULEAN	
STREET ADDRESS	269 PALM AVE.	
CITY-ST-ZIP	PALM ISLAND- MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABREU MORTA, ERNESTINO	
STREET ADDRESS	11931 SW 122 AVE.	
CITY-ST-ZIP	MIAMI FL 33186	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NILO MESSER	
STREET ADDRESS	7801 S.W. 29TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDO ARIAS	
STREET ADDRESS	14612 SW 45TH	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRIAM QUIROS	
STREET ADDRESS	444 SW 64 CT	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENE RO SO BRINGAS	
STREET ADDRESS	7240 S.W. 18 RD	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLANDO MARTINEZ	
STREET ADDRESS	1821 JEFFERSON AVE APT. 106	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	

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]

666101

(305) 271-5271

CR2E037 (10/00)

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