

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90941 037 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 742100

1. Entity Name

MOVIMIENTO DE RECUPERACION REVOLUCIONARIA (M.R.R.) INC.

Principal Place of Business

Mailing Address

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

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

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

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

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VP
MESSER, NILO
7801 SW 29TH TERRACE
MIAMI FL 33155

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TD
ARIAS, FERNANDO
14612 SW 45 TERRACE
MIAMI FL 33165

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

~~**SD**~~
~~**QUIROS, MIRIAM**~~
~~**444 SW 11 CT**~~
~~**MIAMI FL 33144**~~

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VPD
BRINGAS, GENEROSO
7240 SW 18 RD
MIAMI FL 33155

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VPD
MARTINEZ, ROLANDO
1821 JEFFERSON AVENUE APT 106
MIAMI BEACH FL 33139

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

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

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

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

SD
ARMANDO DEL SOL
3094 West 68 Place
HALEAH, FL 33018

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

TITLE ☐ Change ☐ 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

6/03/2002 (305) 271-5221

Date

Daytime Phone #

CR2E037 (9/01)