

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

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

09-05-2003 90109 020 \*\*\*\*\*70.00

0008884

**DOCUMENT # 742100**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business  
**970 SW 1 ST.**

3. Mailing Address  
**14612 SW 45 TERR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**406**

City & State

**MIAMI - FLA**

City & State

**MIAMI - FLA**

Zip **33130**

Country **U.S.A**

Zip **33175**

Country **U.S.A**

☐ CHECK HERE IF MAKING CHANGES

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 **FERNANDO ARIAS**

Street Address (P.O. Box Number is Not Acceptable)

**14612 SW 45 TERR.**

City **MIAMI - FLA**

FL

Zip Code **33175**

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 **FERNANDO ARIAS VP**

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**  
**After September 10, 2003, min will be \$236.25**

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	VP	<input checked="" type="checkbox"/> Delete
NAME	MESSER, NILO	
STREET ADDRESS	7801 SW 29TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SALAS, OSCAR A	
STREET ADDRESS	6320 S.W. 92 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ARIAS, FERNANDO	
STREET ADDRESS	14612 SW 45 TERRACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEL SOL, ARMANDO	
STREET ADDRESS	3094 W 68 PL	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BRINGAS, GENEROSO	
STREET ADDRESS	7240 SW 18 RD	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MARTINEZ, ROLANDO	
STREET ADDRESS	1821 JEFFERSON AVENUE APT 106	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINGAS GENEROSO	
STREET ADDRESS	7240 SW 18 ST RD	
CITY-ST-ZIP	MIAMI - FLA 33155	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARIAS FERNANDO	
STREET ADDRESS	14612 SW 45 TERR	
CITY-ST-ZIP	MIAMI - FLA - 33175	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VLADIMIR CRUZ	
STREET ADDRESS	6415 SW 127 PL.	
CITY-ST-ZIP	MIAMI - FLA - 33183	
TITLE	VTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL SOL ARMANDO	
STREET ADDRESS	3094 W 68 PL.	
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS PEREIRA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ ROLANDO	
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 REQUIRED** **8/25/03** **305-221-0797**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E037 (4/03)