

**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

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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.

City & State
MIAMI - FLA

City & State
MIAMI - FLA

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip **33130**

Country **U.S.A**

Zip **33175**

Country **USA**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BRINGAS GENEROSO 7240 SW 18 ST RD MIAMI - FLA 33155 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ARIAS FERNANDO 14612 SW 45 TERR MIAMI - FLA - 33175 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD VLADIMIR CRUZ 6415 SW 127 PL. MIAMI - FLA - 33183 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD DEL SOL ARMANDO 3094 W 68 PL. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CARLOS PEREIRA | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD MARTINEZ ROLANDO 1821 JEFFERSON AVE. APT 106 MIAMI BEACH FL 33139 | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

[Signature]

8/25/03

305-221-0797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)