

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT -9 PM 3:49

DOCUMENT # 7460843
1. Entity Name
Municipality of Guane in Exile, Inc.

Principal Place of Business Mailing Address
2151 SW 21 Street
MIAMI FL 33145

2. Principal Place of Business 3. Mailing Address
Same as above.
Suite, Apt. #, etc.

City & State City & State 4. FEI Number - Applied For
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
ORFELIO PINON
2151 SW 21 ST.
MIAMI FL 33145
Name
Street Address (P.O. Box Number is Not Acceptable)
200004649972--7
City -10/23/01 01148 Code 015
*****51.25 *****51.25

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 (NOTE: Registered Agent signature required when reinstating) DATE 8-31-01

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LEONILA FLORES 1525 TREVINO AVE. CORAL GABLES, FLA. 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ARTURO PALACIOS 7171 SW 15 ST. MIAMI, FL. 33174	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PAULA V. VOT 2841 SW 1120 RD. MIA, FLA. 33175	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ARMANDO BUSTO 4579 SW 3 ST. MIAMI, FL. 33144	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ORFELIO PINON 2151 SW 21 ST MIAMI FL 33145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Federico Cruz 11443 SW 7 TOW. MIAMI, FL. 33174	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT INOSENCIO INVERNO 493 E. 30 ST. HIALEAH 33013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CARLOS PADRON 3312 SW 93 CT. MIAMI, FLA. 33174	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE SECRETARY ANGEL M. PEREZ 4721 SW 135 ST. MIAMI, FL. 33173	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PEDRO J. Hernandez 6910 SW 86 AVE MIAMI FLA 33165	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE TREASURER SILFREDO MARTIN 2435 SW 78 CT. MIAMI, FL. 33135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DOMINICO VIVEL 6391 SW 36 ST MIAMI, FLORIDA 33174	<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) 8-31-01 305-8587594 SP

CR2E037 (5/01)