

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747590

1. Entity Name

MUNICIPIO DE BAYAMO, MONUMENTO NACIONAL (EN EL E

Principal Place of Business

Mailing Address

4315 N.W. 7TH STREET, SUITE 12
MIAMI FL 33126

4315 N.W. 7TH STREET, SUITE 12
MIAMI FL 33126-3560

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

CAPOTE, OREIENTE L
4315 N.W. 7TH STREET, #12
MIAMI FL 33126

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	PD	<input type="checkbox"/> Delete
NAME	CAPOTE, ORIENTE L	
STREET ADDRESS	4315 N.W. 7TH STREET, #12	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ARIAS, DOMINGO C	
STREET ADDRESS	4315 N.W. 7TH STREET, #12	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTINEZ, JOSE R	
STREET ADDRESS	4315 N.W. 7TH STREET, #12	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZAMORA, GENOVERIA	
STREET ADDRESS	4315 N.W. 7TH STREET, #12	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	AGUILERA, IDA ROSA	
STREET ADDRESS	4315 N.W. 7TH STREET, #12	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RAMOS, JORGE C	
STREET ADDRESS	4315 N.W. 7TH STREET, #12	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/2000 305-822-2872
Date Daytime Phone #

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90047 006 ****61.25

C0021745



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)