

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752359

1. Entity Name

MUNICIPIO DE MAYARI EN EL EXILIO, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90054 021 ****61.25

Principal Place of Business

Mailing Address

P. O. BOX 52-4265
 MIAMI FL 33152
 US

1401 SW 92 AVE
 MIAMI FL 33174-3139
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2322224

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERRERA, RAMON
 300 NE 104 STREET
 MIAMI FL 33138

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 | D | <input type="checkbox"/> Delete |
| NAME | TORRENTS, DR. CARLOS | |
| STREET ADDRESS | 2130 SW 100 AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LEEUSAY, JOSE | |
| STREET ADDRESS | 15611 SW 48TH ST | |
| CITY-ST-ZIP | MIAMI FL 33195 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SANCHEZ, IVAN | |
| STREET ADDRESS | 1401 S W 92 AVE | |
| CITY-ST-ZIP | MIAMI FL 33174 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | NAVARRO, MANUEL A. | |
| STREET ADDRESS | 9812 S.W. 27 TERR. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GUIDI, ARNALDO | |
| STREET ADDRESS | 13310 SW 71 ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GARATE, JOSE M. | |
| STREET ADDRESS | 2870 NW 18 AVE #14-K | |
| CITY-ST-ZIP | MIAMI FL | |

| | | |
|----------------|-----------------------------------|--|
| 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 | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SD IVAN SANCHEZ | |
| STREET ADDRESS | 1401 S.W. 92 AVE | |
| CITY-ST-ZIP | MIAMI - FL. 33174 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | (SP) ANA M ^B ALONSO | |
| STREET ADDRESS | 4328 S.W. 97 COURT | |
| CITY-ST-ZIP | MIAMI - FL. 33165 | |
| 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 | | |
| 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:

Ivan Sanchez (S.D.) *Ivan Sanchez* *(305) 226-6632*
 3/05/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)