

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90036 028 ****61.25

DOCUMENT # 752359

1. Entity Name

MUNICIPIO DE MAYARI EN EL EXILIO, INC.

Principal Place of Business

Mailing Address

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

1401 SW 92 AVE
 MIAMI FL 33174
 US

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

59-2322224

Applied For

Not Applicable

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

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TITLE	NAME	TITLE	NAME
D	TORRENTS, DR. CARLOS		
	2130 SW 100 AVE		
	MIAMI FL		
D	LEEUSAY, JOSE		
	15611 SW 48TH ST		
	MIAMI FL 33185		
SD	SANCHEZ, IVAN		
	1401 S W 92 AVE		
	MIAMI FL 33174		
P	ALONSO, ANA M		
	4328 S.W. 97 COURT		
	MIAMI FL 33165		
D	GUIDI, ARNALDO		
	13310 SW 71 ST		
	MIAMI FL		
D	GARATE, JOSE M.		
	2870 NW 18 AVE #14-K		
	MIAMI FL		

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: *Juan V. Sanchez* (JUAN V. SANCHEZ) SD. 2/20/02 (305-226-6632)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)