2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # 766186 1. Entity Name CUBAN MUNICIPALITIES FAIR, CORP. 03-21-2000 90012 004 ****70.00 Principal Place of Business Mailing Address MIGUEL SALAS MIGUEL SALAS 4600 N.W. 7 ST. 4600 N.W. 7 ST. 04(17) MIAMI FL 33126 MIAMI-FL 33126-2309 US 3. Mailing Address Julio Cabarga 2. Principal Place of Business <u>Julio Cabarga</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4610 N.W. 7TH ST. 4610 N.W. 7TH ST Applied For City & State 4. FEI Number City & State 59-2443658 diami, Fl. Not Applicable Miami \$8.75 Additional Ζiρ Country Zip) Country 5. Certificate of Status Desired Fee Required 33126 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HERNANDEZ, IVAN E. 4600 NW 7 ST **MIAMI FL 33126** City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **FEE IS \$61.25** Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD Delete Change ΡD ☐ Addition TITLE TITLE Cabarga, Julio NAME NAME SALAS, MIGUEL 5761 W 2 Ct. STREET ADDRESS STREET ADDRESS 2050 NW 16 TERR #109-E CITY-ST-ZIP Hialeah, Fl 33012 CITY-ST-ZIP MIAMI FL 33125 TITLE X Change ☐ Addition TITLE Delete VIAMONTES, GEORGELINA DRA NAME Viamontes,Ciro NAME 851 N.W. 14 Ct. Miami, Fl 33125 STREET ADDRESS STREET ADDRESS 851 NW 14 CT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33125** X Change ☐ Addition TITLE TITLE Delete Lopez, Gladys 894 W. 70 Pl. NAME HERNANDEZ, ROGER DR NAME STREET ADDRESS STREET ADDRESS 5249 NW 7 ST #403 CITY-ST-ZIP CITY-ST-ZIP Hialeah, Fl 33014 **MIAMI FL 33126** Change ☐ Addition ☐ Delete TITLE TITLE TD NAME PEREIRA, CARLOS DR NAME STREET ADDRESS STREET ADDRESS 716 W 32 ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 Change ☐ Addition TITLE ☐ Delete TITLE HERNANDEZ, IVAN NAME NAME STREET ADDRESS STREET ADDRESS 10300 SW 24 ST #D-31 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** ☐ Delete Change ☐ Addition TITLE TITLE NAME GONZALEZ, EDGAR DR NAME STREET ADDRESS 2075 SW 122 AVE #526 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** 12. I hereby certify that the information supplied with this filling 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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *