2000	UNIFORM BUSI	NESS REPO	RT (U	BR)			,	ox
DOCŮ	MENT # 766186		PAGE	<u>1</u> .	,	<b>FILED</b>		6
	BAN MUNICIPALITIES	FAIR CORP.	₹			FILLU		
;					00 0	CT -3 AM 10:	59	
Principal Plac	e of Business	Mailing Address				DETADV NE STA	TE	
4610 1	NW 7 ST				TALL	PRETARY OF STA AHASSEE, FLOR	iDA	
MIAMI	, FL. 33126							
		-			Also .			
2. Principal P 4610 NV	Place of Business W 7 ST	3. Mailing Address 4610 NW ·7	ST			-		
Suite, Apt.	* <sub>FL</sub> . 33126	Suite Apt. #, etc MIAMI, FL	33126			O NOT WRITE IN THIS	SPACE	
City & Stat	e	City & State		<u> </u>	4. FEI Number	: 0		plied For
Zip	Country	Zip	Country		59_244365		\$8.75 Add	Applicable itional
33126	MIAMI_DADE	33126	MIAMI,	DADE	5. Certificate of Stat		Fee Required	
	6. Name and Address of Current R	egistered Agent	Nar	ne	/. Name and Addre	ss of New Registered	Agent	
IVAN	E. HERNANDEZ 4610 NW 7 ST		Stre	et Address (	- P.O. Box Number is No	t Acceptable)		
•	MIAMI, FL 33126							
			City	,			Zip Code	<u> </u>
· · - · - · - · - · - · - · - · - · - ·						Fl	-	
8. The above	named entity submits this statement for	the purpose of changing its	s registered offi	ce or register	ed agent, or both, in tr	e state of Florida.		
SIGNATURE .	Juan E Llevon o Signature, typed or printed name of registered agent an	ndez -	TE: Registered Agent	signature required	decision of when reinstatung)	09- DATE	30-20	00
	FILE NOW: FEE IS \$61.25	9. Election Campaig Trust Fund Contrib	~ ~		00 May Be	Make Check Departmen		
10.	OFFICERS AND DIRE	<del></del>	11,			TO OFFICERS AND O		10 Addition
TITLE NAME	P/D Cabarga, Juli 5761 W 2 Ct	O 🔀 Delete	TITLE NAME	P/D	70 SW 182	., Benito Terrace	X Change	Addition
STREET ADDRESS	Hialeah, F1. 33	012	STREET ADDR	<sup>ESS</sup> Mia	mi, F1. 33			
CITY-ST-ZIP	D. Viamonte, Ciro	□ Delete	TITLE		Invierno,	Celedonio	Change	Addition
NAME	851 NW 14 Ct.	<b>4</b>	NAME		493 E. 30		**	
STREET ADDRESS CITY-ST-ZIP	Miami, Fl. 3312	5	STREET AODE CITY-ST-ZIP		Hialeah. H	1. 33013		
TITLE	D. Lopez, Gladys	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	894 W 70 P1	_	NAME STREET ADDR	BESS.		034124		-E
CITY-ST-ZIP	Hialeah, F1. 33	014	CITY-ST-ZIP	.		.0/03/00010		<u></u>
TITLE	T/D Pereira Carlo	s Dr. Delete	TITLE		_	*****T0.00 = 4	Change	Addition
NAME STREET ADDRESS	716 W 32 St		NAME STREET ADDR	ESS	SAMO	<b>.</b>		
CITY-ST-ZIP	Hialeah, Fl. 33	012	CITY-ST-ZIP					
TITLE	D. Hernandez, Iva	n E. 🗆 Delete	TITLE NAME		•		Change	Addition
NAME STREET ADORESS	10300 Sw 24 St	# D-31	STREET AODE	ESS	SAME	-		
CITY-ST-ZIP	Miami, F1. 3316	<del></del>	CITY-ST-ZIP					
TITLE NAME	D. Gonzalez, Edga 2075 SW 122GA		TITLE NAME	D•	Romero, Ma 9952 SW 8	nuel STApto	∏ Change 1⊿∩	Addition .
STREET ADDRESS	Miami, F1. 3317		STREET ADOR		Miami, Fl.	_		•

CITY-ST-ZIP

Benitu Gonzalez SIGNATURE

CITY-ST-ZIP

<sup>12.</sup> 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 a didress, with all other like empowered.

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DOCUI	MENT # 766186	•	PAGE 2	•			0
CUBAN	MUNICIPALITIES F	AIR CORP.	ক •				
Principal Place 4610 Miami		Mailing Address		-			
2. Principal Pi 4610 NW	ace of Business 7 7 ST	3. Mailing Address 4610 NW 7 S	ST.				٠
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS		
City & State Miami	F1	City & State Miami F1.			4. FEI Number 59-2443658	Not	plied For t Applicable
3 <sup>Z<sub>10</sub></sup> 126	Miami - Dade  6. Name and Address of Current R		fiami-Da	de	Certificate of Status Desired      Name and Address of New Registered	\$8.75 Addi	
	6. Name and Address of Coffent N	egistered Agent	Name		7. Name and Address of New Registered	- Agent	
				ddress (I	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 re	egistered office or	r register	ed agent, or both, in the state of Florida.		
SIGNATURE _	Zoan E. Lannon. Signature, typed or printed name of registered agent an	do title if applicable. (NOTE:	Registered Agent signat	ure required	uder) 09-3 when reinstating, Date	80-2 <del>02</del>	<u> </u>
	FILE NOW: FEE IS \$61.25	9. Election Campaign Frust Fund Contribut	· ~	Added	O May Be Make Check to Fees Departmen	t of State	
10.	OFFICERS AND DIRI		11.	·	ADDITIONS/CHANGES TO OFFICERS AND D		
NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		Viso, Johnny 3470 SW 113 P1 Miami, F1. 33165	☐ Change	<b>X</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		Rodriguez, Mayra 6741 SW 28 Terrace Miami, F1. 33155	☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	J	Sanchez, Dagoberto 3595 W 20 Ave Suite Hialeah, Fl. 33013	□ Change 105	<b>X</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Hechevarria, Mario 399 Golden Beach Miami, Fl. 33174	☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Hernandez; Ramon 10759 SW 7 ST Miami, Fl. 33174	☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	FITLE NAME STREET ADDRESS CITY-ST-ZIP	-	Rodriguez,Roberto Dr 4600 NW 7 ST Miami,Fl. 33126		X Addition
- 12. Thereby o	ertify that the information supplied with t	his filing does not qualify for t	he exemption sta	ted in Se	ction 119.07(3)(i). Florida Statutes, I further ce	rtify that the in	formation

<sup>12.</sup> 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:

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3000	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)

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DOCU 1. Entity Nam	MENT # 766186	Page	<u> </u>					0
CUBA	N MUNICIPALITIES F	FAIR, CORP	₹					
4610	ce of Business  NW 7 Street iami, F1. 33126	Mailing Address						
	·							
2. Principal F 4610 N	Place of Business W. 7 Street	3. Mailing Address 4610 NW 7	ST					
Suite, Apt	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
	, F1. 33126	Miami, F1. 3		4. FEI 1 59	Number -2443658	<u>_</u>	No	plied For t Applicable
33 <sup>Zip</sup> 26	Miami-Dade		Country [iami-Dac	ie	ficate of Status Desired	LJ _}	8.75 Add	
	6. Name and Address of Current l	Registered Agent	Name	7. Nam	e and Address of New	Registered A	jent	
•			Street Ac	dress (P.O. Box N	lumber is Not Acceptab	e)		
			City		<del>,</del>	FL	Zip Code	<del>.</del>
8 The above	e named entity submits this statement for	the purpose of changing its re	egistered office or	registered agent.	or both, in the state of F		<u> </u>	
SIGNATURE	Jans E: Llargus Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: f	Registered Agent signature	MANA CE required when reinsta	2.2/ 2.1/ 2.1/	<i>09-30</i>	200	<u>o_</u>
	FILE NOW: FEE IS: \$61.25	9. Election Campaign F Trust Fund Contributi	on.	\$5.00 May Be Added to Fees	<u>.</u>	ke Check P epartment	of State	
10.	OFFICERS AND DIR	· · · · · · · · · · · · · · · · · · ·	11.	D. Fres	S/CHANGES TO OFFIC			
NAME STREET ADDRESS		Oelete	NAME STREET ADDRESS	1710	nedo, Jose SW 18 ST i, 33145	<b>e</b>	Change	Addition
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP				Change	Addition
NAME			NAME STREET ADDRESS			•		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	•	· ·			
TITLE NAME		☐ Delete	TITLE NAME			•	Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME		Å	• .	Change	☐ Addition
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP TITLE	,	☐ Delete	TITLE			ļ	Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP		. Delate	CITY-ST-ZIP		·		Change	Addition
TITLE NAME		Delete	NAME	•				L. AUGIBOII
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP	•				

SIGNATURE:

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 changed, or on an attachment with an address, with all other like empowered.

\*\*GNATURE\*\*: