

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766229

1. Entity Name

LICEO DE PUNTA BRAVA EN EL EXILIO, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90193 038 ****61.25

Principal Place of Business

1344 N.W. 6TH ST
APT #4
MIAMI FL 33125

Mailing Address

1344 N.W. 6TH ST
APT #4
MIAMI FL 33125-4742

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

ALONSO, FELIPE
2599 N.W. 13TH ST
SUITE 1
MIAMI FL 33125

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 ☐ Delete
NAME ALONSO, FELIPE
STREET ADDRESS 2599 N.W. 13TH ST., #1
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VTD
STREET ADDRESS CORREA, JUAN
CITY-ST-ZIP 1002 W 24 ST
HIALEAH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS ARGUELLES, CARMEN
CITY-ST-ZIP 1344 NW 6 ST #4
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SD
STREET ADDRESS JACOBO, ARMANDO
CITY-ST-ZIP 1655 W 56 ST B 111
HIALEAH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TD
STREET ADDRESS VALDES, LIDIA
CITY-ST-ZIP 6437 W FLAGLER ST APT #3
MIAMI BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VTD
STREET ADDRESS VALDES, JOSE
CITY-ST-ZIP 1830 N.W. 16TH ST
MIAMI FL

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carmen Arguelles PRESIDENT 4/27/00

Date

Daytime Phone #

CR2E037 (9/99)