

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767125

1. Entity Name

MUNICIPIO DE HOLGUIN EN EL EXILIO, ORIENTE, CUBA

Principal Place of Business

Mailing Address

C/O CARY COMPAIN
331 TAMiami CANAL DR
MIAMI FL 33144
US

C/O CARY COMPAIN
331 TAMiami CANAL DR
MIAMI FL 33144-2544
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

26-5844453

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

COMPAIN, CARY
331 TAMiami CANAL DR
MIAMI FL 33144

Name MARIA P. NECUZE

Street Address (P.O. Box Number is Not Acceptable)

3513 SW 25 TERR.

City

MIAMI

FL

Zip Code 33133

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

Maria P. Neuze

3-31-00

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 checked="" type="checkbox"/> Delete
NAME	OCHOA, ONELIA	
STREET ADDRESS	3020 N.W. 16TH STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE LA PENA, JOSE	
STREET ADDRESS	7015 SW 16 TERR	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	OCHOA, EMILIO	
STREET ADDRESS	3300 S. DIXIE HWY., #506	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGUIRRE, JOAQUIN	
STREET ADDRESS	10361 SW 20 ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONGORA, ELEANA	
STREET ADDRESS	1750 W 46 ST #417	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGUILERA, HAYDEE	
STREET ADDRESS	1228 W AVE #906	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDRO M PENARANDA	
STREET ADDRESS	2800 SW 117 CT	
CITY-ST-ZIP	MIAMI, FLA 33175	
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 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 517, 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 REQUIRED

3-31-00

(305) 785-3978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90005 017 ****61.25



DO NOT WRITE IN THIS SPACE