

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90082 030 ****61.25

DOCUMENT # 767287

1. Entity Name

ASOCIACION DE RANCHUELEROS EN EL EXILIO (MUNICI

Principal Place of Business

5431 SW 97 AVE.
 MIAMI FL 33165

Mailing Address

POST OFFICE BOX 654642
 MIAMI FL 33265-4642



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10257 NW-51 TERRACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

4. FEI Number

59-2344071

Applied For

Not Applicable

Zip
33178

Country
DADE

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GONZALEZ, PEDRO
 5431 SW 97 AVE.
 MIAMI FL 33165

7. Name and Address of New Registered Agent

Name **VERA, DORA**
 Street Address (P.O. Box Number is Not Acceptable)
10257 NW-51 TERRACE
 City **Miami** FL Zip Code **33178**

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 **DORA VERA** *Dora Vera* **3/1/00**
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	SOLIS, ALVARO	1580 WEST AVE	MIAMI BEACH FL	<input checked="" type="checkbox"/>
SD	ISABA, HILARIO	360 W. 49 ST.	HIALEAH FL 33012	<input type="checkbox"/>
TD	GONZALEZ, PEDRO	5431 SW 97 AVE.	MIAMI FL 33165	<input checked="" type="checkbox"/>
VTD	FERRE, RAFAEL	9501 SW 20TH TERR	MIAMI FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	CORTES, FABIO	8810 SW-123 COURT, APT. # M102	KENDALL, FL, 33186	<input type="checkbox"/>	<input type="checkbox"/>
TD	VERA, DORA	10257 NW-51 TERRACE	MIAMI, FL, 33178	<input type="checkbox"/>	<input type="checkbox"/>
VTD	SARDUY, JOHNNY	331 NW, 82 AVE, APT. # 1312	MIAMI, FL, 33126	<input type="checkbox"/>	<input type="checkbox"/>
VP	SOLIS, ALVARO	1580 WEST AVE, FL	MIAMI BEACH, FL	<input type="checkbox"/>	<input type="checkbox"/>
VSD	BELLO, JOAQUIN	3740 W-10 COURT	HIALEAH, FL, 33012	<input type="checkbox"/>	<input type="checkbox"/>

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 REDONRAE VERA* **3/1/00** **(305)406-2494**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E03 (9/99)