

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91063 042 ****61.25

DOCUMENT # N00000001038

1. Entity Name

SOCIEDAD SECRETA DE DON JUANES, INC.



Principal Place of Business

P.O. BOX 278311
MIRAMAR FL 33027

Mailing Address

P.O. BOX 278311
MIRAMAR FL 33027

2. Principal Place of Business

PO BOX 278311

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

MIRAMAR FL

Country

USA

4. FEI Number **65-1072890**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**IZQUIERDO, ORESTES
11697 SW 19 STREET
MIRAMAR FL 33025**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **IZQUIERDO, ORESTES**
STREET ADDRESS **11697 SW 19 ST**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **D** ☐ Delete
NAME **BARRIOS, JESUS M**
STREET ADDRESS **7131 SW 11 ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE **D** ☐ Delete
NAME **CALDERON, JOSEPH**
STREET ADDRESS **631 EAST 38 ST**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **O** ☐ Delete
NAME **IZQUIERDO, ORESTES**
STREET ADDRESS **11697 SW 19 ST**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

O RESTES IZQUIERDO

4/17/03

CR2E037 (10/02)