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FILED
Jun 02, 2002 8:00 am
Secretary of State
05-15-2002 90083 033 ****70.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002209

1. Entity Name
POR LA DEMOCRACIA ONG INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2154 SW 14 TR	2154 SW 14 TR
Suite, Apt. #, etc. SUITE #1	Suite, Apt. #, etc. SUITE #1
City & State MIAMI FL	City & State MIAMI FL
Zip 33145 Country USA	Zip 33145 Country USA

4. FEI Number 65-1090956 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name LIONEL GONZ

Street Address (P.O. Box Number is Not Acceptable) 2154 SW 14 TR SUITE #1

City MIAMI FL Zip Code 33145

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 LIONEL GONZ 04/30/02
Signature, by print or printed name of registered agent and title if applicable (Note: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LIONEL GONZ D/P 2154 SW 14 TR SUITE #1 MIAMI FL 33145
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOSE GRAVALIER S/D 2154 SW 14 TR. SUITE #1 MIAMI FL 33145
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBERTO VERDAGUER T/D 2154 SW 14 TR SUITE #1 MIAMI FL 33145
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CR2E046 (12/97)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Lionel Gonzalez LIONEL GONZ PRESIDENT 04/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Date