

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

DOCUMENT # N01000002614

1. Entity Name

ALIANZA MARTIANA, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3017 N.W. 7th Street

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33125

Country

U.S.A.

Zip

Country

4. FEI Number

65-1097534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Miriam Lesnick

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

3017 N.W. 7th Street

City

Miami

FL

Zip Code

33125

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 Miriam Lesnick

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/08/02

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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  
President - D  
Blanca Cuza  
3017 N.W. 7th Street  
Miami, FL 33125

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Secretary - D  
Juan Betancourt  
3017 N.W. 7th Street  
Miami, FL 33125

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Vice - Secretary - D  
Juan Carlos Zamora  
3017 N.W. 7th Street  
Miami, FL 33125

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Treasurer - D  
Miriam Lesnick  
3017 N.W. 7th Street  
Miami, FL 33125

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Director  
Max Lesnick  
3017 N.W. 7th Street  
Miami, FL 33125

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

Max Lesnick (Director) 04/08/02 -305-643-5481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #