

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90123 022 \*\*\*\*61.25

**DOCUMENT # NO1000006789**

1. Entity Name

**FUNDACION LUGARTENIENTE ANTONIO MACEO CPRP.**

Principal Place of Business

Mailing Address

6450 S.W. 20TH TERR  
 MIAMI FL 33155

6450 S.W. 20TH TERR  
 MIAMI FL 33155

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

11-3643251

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

**SANCHEZ, ERNESTO**  
**6450 S.W. 20TH TERR**  
**MIAMI FL 33155**

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

**After September 13, 2002,  
 min. will be \$236.25.**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**GOMEZ, ANDRES V**  
**836 PARAISO AVE.**  
**CORAL GABLES FL 33156** ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**REY, SANTIAGO**  
**500 S.W. 6**  
**MIAMI FL 33170** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DIRECTOR - SECRETARIO** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**GOMEZ, VALENTIN**  
**5055 N.W. 7TH ST.**  
**MIAMI FL 33126** ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**SANCHEZ, ERNESTO**  
**6450 S.W. 20 TERR**  
**MIAMI FL 33155** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DIRECTOR & PRESIDENT** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**IMIA NUEL GULDIN** ☐ Delete  
**5117 W. 133 AVE**  
**MIAMI FL 33145**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VICE - TESO RERO** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**FRIAS SANTANA** ☐ Delete  
**8400 SW 133 AVE**  
**MIAMI FL 33183**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VICE - SECRETARIO** ☐ Change ☒ Addition

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 REQUIRED

8-27-02 (305) 987-2605

CR2E037 (4/02)

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)	FUNDACION LUGARTENIENTE ANTONIO MACEDO CORP.		
2 Trade name of business (if different from name on line 1)			
3 Executor, trustee, "care of" name			
4a Mailing address (street address) (room, apt., or suite no.)	6450 S.W. 20th TERR		
4b City, state, and ZIP code	MIAMI, FL. 33155		
5a Business address (if different from address on lines 4a and 4b)			
5b City, state, and ZIP code			
6 County and state where principal business is located	MIAMI DADE		
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions)	ERNESTO SANCHEZ SSA# 265-72-3319		

8a Type of entity (Check only one box.) (see instructions)  
Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify) <u>e corp.</u>
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) _____	(enter GEN if applicable) _____
<input type="checkbox"/> Other (specify) _____	

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Florida	Foreign country	
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9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) <u>RECREATIONAL PARK MAINTENANCE</u>	<input type="checkbox"/> Banking purpose (specify purpose) _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) _____
<input type="checkbox"/> Created a pension plan (specify type) _____	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) _____
	<input type="checkbox"/> Other (specify) _____

10 Date business started or acquired (month, day, year) (see instructions)

08/01/02

11 Closing month of accounting year (see instructions)

DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

10/01/02

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
1		

14 Principal activity (see instructions)

RECREATIONAL PARK MAINTENANCE

15 Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used \_\_\_\_\_

16 To whom are most of the products or services sold? Please check one box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) <u>CITY &amp; COUNTY</u>	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
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17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name	N/A	Trade name	N/A
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
N/A	N/A	

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ERNESTO SANCHEZ - DIRECTOR & President

Business telephone number (include area code) (305) 260-0648

Fax telephone number (include area code) \_\_\_\_\_

Signature [Signature] Date 07/18/2002

Note: Do not write below this line. For official use only.

Please leave blank	Geo.	Ind.	Class	Size	Reason for applying
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