

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90020 003 ****70.00

DOCUMENT # N01000007081

1. Entity Name

MUNICIPIOS DE BANES EN EL EXILIO, INC.

Principal Place of Business

Mailing Address

**9952 S.W. 8 STREET #140
MIAMI FL 33174**

**POST OFFICE BOX 523486
MIAMI FL 33152**

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

26-0005287

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:

Name

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

City

FL

Zip Code

**ROMERO, MANUEL P
9952 S.W. 8 STREET #140
MIAMI FL 33174**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **MANUEL P. ROMERO**
STREET ADDRESS **9952 S.W. 8 ST APT. 140**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **D** ☐ Change ☐ Addition
NAME **RUBEN BATISTA**
STREET ADDRESS **453 SW 77 AVE.**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **V** ☐ Delete
NAME **ALEXIS BATISTA**
STREET ADDRESS **5754 CORAL WAY**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **D** ☐ Change ☐ Addition
NAME **ROSA DOMINGUEZ**
STREET ADDRESS **10804 S.W. 72 ST**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **T** ☐ Delete
NAME **ALBERTO RODRIGUEZ**
STREET ADDRESS **2004 SW 13 ST**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **D** ☐ Change ☐ Addition
NAME **CHARLES DUMOIS**
STREET ADDRESS **3333 SW 156 CT**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE **VT** ☐ Delete
NAME **JOSE NIETO**
STREET ADDRESS **14185 SW 87 ST APT A-311**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **D** ☐ Change ☐ Addition
NAME **LUIS FERNANDEZ**
STREET ADDRESS **8461 SW 32 TERR.**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **S** ☐ Delete
NAME **ILEANA CIFUENTES**
STREET ADDRESS **8600 SW. 33 TERRACE**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **D** ☐ Change ☐ Addition
NAME **LUIS G. HERNANDEZ**
STREET ADDRESS **121 N.W. 72 TERR.**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **VS** ☐ Delete
NAME **JACK SKELLY**
STREET ADDRESS **3250 N.E. 28 ST. Apt 208**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **D** ☐ Change ☐ Addition
NAME **AYMEE VEGAS**
STREET ADDRESS **9271 SW 129 ST**
CITY-ST-ZIP **MIAMI FL 33176**

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:

Manuel P. Romero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 28, 2002 *305-220-6331*
Date Daytime Phone #

CR2E037 (9/01)