

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90164 035 ****61.25

DOCUMENT # N01389

1. Entity Name

REPUBLICAN NATIONAL FORUM, INC.

Principal Place of Business

**1301-1335 N.W. 23 STREET
 MIAMI FL 33142**

Mailing Address

**1301-1335 N.W. 23 STREET
 MIAMI FL 33142**

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

72-5810310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ARMESTO-GARCIA, ELADIO
 1301-1335 N.W. 23 STREET
 MIAMI FL 33142**

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.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	ARMESTO-GARCIA, ELADIO	1301-1335 N.W. 23 STREET	MIAMI FL 33142	<input type="checkbox"/>						
D	ARMESTO, YOLANDA D	6952 WILLOW LANE	MIAMI LAKES FL 33014	<input type="checkbox"/>						
D	ARMESTO, ROSA MARIA	6952 WILLOW LANE	MIAMI LAKES FL 33014	<input type="checkbox"/>						
ST	ARMESTO, MAYTEE' D	10811 S.W. 66 DRIVE	MIAMI FL 33173	<input type="checkbox"/>						
O	ARMESTO, PEDRO L	3520 NW 101 ST	MIAMI FL	<input type="checkbox"/>						
				<input type="checkbox"/>						

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eladio Garcia
 4/24/02 634 9280

Date

Daytime Phone #

CR2E037 (9/01)