

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90135 045 *****70.00

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1. Entity Name

PARTIDO LIBERAL, INC.



Principal Place of Business

**6700 N.W. 186 STREET
403
MIAMI LAKES FL 33015**

Mailing Address

**P.O. BOX 545895
BAL HARBOUR FL 33154**

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

☒ 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

**DAVILA, ALCIDES J
6700 NW 186 STREET
403
MIAMI LAKES, FL FL 33015**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D.** ☒ Delete
NAME **QUINONES, EDUARDO**
STREET ADDRESS **13612 S.W. 5 STREET**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE **Director** ☐ Change ☒ Addition
NAME **Carlos R. Cuevas**
STREET ADDRESS **4620 SW 143 Place East**
CITY-ST-ZIP **Miami, FL 33175**

TITLE **D** ☐ Delete
NAME **DAVILA, ALCIDES J**
STREET ADDRESS **6700 N.W. 186 STREET, #403**
CITY-ST-ZIP **MIAMI FL 33015**

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

TITLE **D** ☒ Delete
NAME **LOPEZ, CARLOS**
STREET ADDRESS **11029 S.W. 88 STREET, #P-105**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **Director** ☐ Change ☒ Addition
NAME **Armando J. Salazar**
STREET ADDRESS **6212 SW 107 Avenue**
CITY-ST-ZIP **Miami, Florida 33173**

TITLE **D** ☐ Delete
NAME **PRADO, EMIGDIO E**
STREET ADDRESS **11 S.W. 113 AVENUE, #103**
CITY-ST-ZIP **MIAMI FL 33174**

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

TITLE **D** ☒ Delete
NAME **QUINONEZ, FRANCISCO G**
STREET ADDRESS **188 N.W. 104 STREET**
CITY-ST-ZIP **MIAMI FL 33150**

TITLE **Director** ☐ Change ☒ Addition
NAME **Emilio Hernandez**
STREET ADDRESS **11521 SW 4 Street**
CITY-ST-ZIP **Miami, FL 33174**

TITLE **D** ☐ Delete
NAME **CAJINA, MARCO A**
STREET ADDRESS **15530 S.W. 145 COURT**
CITY-ST-ZIP **MIAMI FL 33177**

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

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: **EMIGDIO E. PRADO** 04.29.2003 (305) 559-1476

CR2E037 (10/02)