

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

chee

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90129 014 ***150.00

DOCUMENT # N03000011024

1. Entity Name
UNION DE MEDICOS CUBANOS LIBRES EN EL EXILIO COR P.



Principal Place of Business
**8700 SW 133 AVENUE ROAD
APT. 415
MIAMI FL 33183**

Mailing Address
**14219 SW 117 TERR.
MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

14219 SW 117 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33186

Miami Dade

4. FEI Number

65-0990247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE LA CRUZ, MAIDA
8700 SW 133 AVENUE ROAD
APT. 415
MIAMI FL 33183**

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SANCHEZ, JORGE F
8700 SW 133 AVENUE ROAD, APT. 415
MIAMI FL 33183** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
DE LA CRUZ, MAIDA C
8700 SW 133 AVENUE ROAD, APT. 415
MIAMI FL 33183** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
PREDIERRO, ARACELI
845 W. 75 STREET, APT. 500
HIALEAH FL 33014** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

TITLE
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CITY-ST-ZIP
☐ 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 607, 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 of Maida C de la Cruz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-05-03

CR2E034 (10/02)