FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 03, 2001 8:00 am Secretary of State DOCUMENT # N08848 1. Entity Name LOS FLORIDANOS SOCIAL CLUB, INC. -> 04-03-2001 90093 032 \*\*\*\*61.25 Principal Place of Business Mailing Address 1855 W. 60 ST..#410 1855 W. 60 ST.#410 COUTABLE %LUIS R GARCIA %LUIS R GARCIA HIALEAH FL 33012-7586 HIALEAH FL 33012-7586 2. Principal Place of Business 3. Mailing Address 600 West 29th. Street 994<u>9 N W 27th.</u> Terr Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE %Los Floridanos S. C. %ALBERTO M REYES City & State City & State 4. FEI Number Applied For NOT APPLICABLE MÍAMI, HIALEAH, FLORIDA FLORIDA Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33012 USA 33172 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .Name ALBERTO MTREYES Street Address (P.O. Box Number is Not Acceptable) 9949 N. W. 27th. TERRACE GARCIA, LUIS R. 1855 W. 60 ST. MIAMI, FLORIDA #410 City Zip Code HIALEAH FL 33012 33172 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 ALBERTO M REYES MARCH 17-2001 Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Addition TITLE ☐ Detete Change Change SANTAMARIA, ENRIQUE NAME NAME STREET ADDRESS 4525 W 20TH AVE #429 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 VΡ Change ☐ Defete TITLE ☐ Addition TITLE FULGUIERA, MARIO NAME NAME 908 SW 139TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33184 TITLE ☐ Delete TITLE Change ☐ Addition CASTILLO, MARCOS NAME NAME STREET ADDRESS 901 SW 139TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33184** TITLE ☐ Delete TITLE ☐ Channe ☐ Addition GOIZUETA. TERESA NAME 13178 SW 10TH TERR, DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33184** TITLE ☐ Delete ☐ Change ☐ Addition REYES, ALBERTO M NAME STREET ADDRESS 9949 NW 27TH TER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALVAREZ, ROBERTO NAME NAME STREET ADDRESS 323 E 61 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33013 12. I hereby certify that the information supplied with this filling 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 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

SIGNATURE:

ALBERTO M REYES

changed, or on an attachment with an address, with all other like phowered

305-593-2150

Daytime Phone #