

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90120 006 ****61.25

DOCUMENT # N08848

1. Entity Name

LOS FLORIDANOS SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

600 WEST 29TH ST
 %LOS FLORIDANOS S.C.
 HIALEAH FL 33012

9949 NW 27TH TERR
 % ALBERTO M REYES
 MIAMI FL 33172

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

NOT APPLICABLE

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

REYES, ALBERTO M
9949 NW 27TH TERR
MIAMI FL 33172

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SANTAMARIA, ENRIQUE	
STREET ADDRESS	4525-W-20TH-AVE-#429	
CITY-ST-ZIP	HIALEAH-FL-33012	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FULGUERA, MARIO	
STREET ADDRESS	908-SW-139TH-PLACE	
CITY-ST-ZIP	MIAMI-FL-33184	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CASTILLO, MARCOS	
STREET ADDRESS	901 SW 139TH PLACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	GOIZUETA, TERESA	
STREET ADDRESS	13178-SW-10TH-TERR-DR	
CITY-ST-ZIP	MIAMI-FL-33184	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	REYES, ALBERTO M	
STREET ADDRESS	9949 NW 27TH TER	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, ROBERTO	
STREET ADDRESS	323-E-61-ST	
CITY-ST-ZIP	HIALEAH-FL-33013	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONSO, JORGE	
STREET ADDRESS	784 WEST 56th. STREET	
CITY-ST-ZIP	HIALEAH, FL. 33012	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALOWANY, MOISES	
STREET ADDRESS	6301 COLLINS AVE. # 903	
CITY-ST-ZIP	MIAMI BEACH, FL. 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, FELICIA	
STREET ADDRESS	600 N.W. 132 PLACE	
CITY-ST-ZIP	MIAMI, FL. 33182	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUITIAN, CELSO	
STREET ADDRESS	6301 COLLINS AVE. # 1405	
CITY-ST-ZIP	MIAMI BEACH, FL. 33141	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, ALBERTO M	
STREET ADDRESS	9949 N.W. 27th. TERR.	
CITY-ST-ZIP	MIAMI, FL. 33172	

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.

ALBERT M. REYES

3-17-2002 305-593-2150

SIGNATURE:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)