

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10349

1. Entity Name

MUNICIPIO DE NUEVITAS EN EL EXILIO INC.

Principal Place of Business

10232 SW 16TH ST
MIAMI FL 33165
US

Mailing Address

2802 NW 15TH ST
MIAMI FL 33125
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-2761871

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

MUJICA, FREDY
2802 NW 15TH ST
MIAMI FL 33125

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
NAME PEROZO, ALBERTO J
STREET ADDRESS 10232 SW 16TH ST
CITY-ST-ZIP MIAMI FL 33165

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Alberto Camp's
President
10232 SW 16 ST
MIAMI FL 33165

Change Addition

TITLE VPD
NAME FANDINO, ROBERT O
STREET ADDRESS 326 SW 66 AVE
CITY-ST-ZIP MIAMI FL 33144

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE SD
NAME CAMPS, MARIELA
STREET ADDRESS 10232 SW 16TH ST
CITY-ST-ZIP MIAMI FL 33165

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE T/D
NAME MUJICA, FREDY
STREET ADDRESS 2802 NW 15TH S
CITY-ST-ZIP MIAMI FL 33125

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
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 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:

Santiago Muñoz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01

Date

Daytime Phone #