

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90353 043 ****70.00

DOCUMENT # N10411

1. Entity Name

**ASAMBLEA PROVINCIAL DE LA HABANA EN EL EXILIO, I
NC.**

Principal Place of Business

Mailing Address

**3503 SW 6TH ST.
MIAMI FL 33135**

**3503 SW 6TH ST.
MIAMI FL 33135
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2566367

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

**GOMEZ, ROBERTO PEREDA
3503 SW 6TH ST
MIAMI FL 33135**

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 **D** ☐ Delete
NAME **BRITO, JOSE M**
STREET ADDRESS **5033 NW 7TH ST #206**
CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE **P** ☐ Delete
NAME **NARDO, JUAN A**
STREET ADDRESS **911- VENETIA A.VE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **P** ☒ Change ☐ Addition
NAME **SANCHEZ, SIMON A.**
STREET ADDRESS **4634 SW 10 ST**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE **D** ☐ Delete
NAME **PEREDA GOMEZ, ROBERTO**
STREET ADDRESS **3503 SW 6TH ST**
CITY-ST-ZIP **MIAMI FL 33135**

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

TITLE **T** ☐ Delete
NAME **HERNANDEZ, IVAN**
STREET ADDRESS **100300 SW 24TH ST APT D-31**
CITY-ST-ZIP **MIAMI FL 33165**

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

TITLE **SD** ☐ Delete
NAME **HURTADO, NELY**
STREET ADDRESS **290 E 39TH STREET**
CITY-ST-ZIP **HIALEAH FL 33013**

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

TITLE **VP** ☐ Delete
NAME **ENRIQUEZ, FRANCISCO**
STREET ADDRESS **444 SW 27TH AVENUE #23**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **VP** ☒ Change ☐ Addition
NAME **SAN ROMAN, MANUEL**
STREET ADDRESS **4311 SW 97 PLACE**
CITY-ST-ZIP **MIAMI, FL 33165**

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:

Ivan E. Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-2002

(305)-441-9085

CR2E037 (9/01)