2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N10411

1. Entity Name

City & State

Zio

ASAMBLEA PROVINCIAL DE LA HARANA EN EL EXILIO L



Mar 06, 2003 8:00 am § Secretary of State 03-06-2003 90135 029 ****70.00

FILED

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	<u> </u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2566367 Applied For Not Applicable

X

5. Certificate of Status Desired 7. Name and Address of New Registered Agent

\$8.75 Additional Fee Required

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

Street Address (P.O. Box Number is Not Acceptable)

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.

Country

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Country

6. Name and Address of Current Registered Agent

(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 Florida Department of State

10. GOFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition BRITO, JOSE M NAME NAME STREET ADDRESS 5033 NW 7TH ST #206 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-7IP TITLE X Delete TITLE (X) Change ☐ Addition SNACHEZ, SIMON A Dominguez, Armando NAME NAME 4634 SW 10 ST 306 SW 95 P1 STREET ADDRESS STREET ADDRESS Miami, F1 33174 CITY-ST-ZIP **MIAMI FL 33134** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition PEREDA GOMEZ, ROBERTO NAME 3503 SW 6TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM! FL 33135 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HERNANDEZ, IVAN NAME NAME STREET ADDRESS 100300 SW 24TH ST APT D-31 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33165** CITY-ST-ZIP TITLE Delete TITLE Chappe ☐ Addition NAME HURTADO, NELY NAME STREET ADDRESS 290 E 39TH STREET STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33013 CITY-ST-ZIP TITLE X Delete . TITLE X Change ☐ Addition SAN ROMAN, MANUEL NAME Sanchez; Simon A. NAME 4311 SW 97 PL STREET ADDRESS 4634 SW 10 ST STREET ADDRESS CITY-ST-ZIP **MIAM! FL 33165** Miami, F1 33134 CITY-ST-ZIP

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:

IFIvan Hernandez,

March 3/2003 (305)441-9085