

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90150 036 \*\*\*\*70.00

**DOCUMENT # N11014**

1. Entity Name

**MUNICIPALITIES OF CUBA IN EXILE (OFFICIAL) INC.**

Principal Place of Business

Mailing Address

4600 NORTHWEST 7TH STREET  
 MIAMI FL 33126

4600 NORTHWEST 7TH STREET  
 MIAMI FL 33126-2309

2. Principal Place of Business  
 4610 NW 7 ST

3. Mailing Address  
 4610 NW 7 ST

Suite, Apt. #, etc.  
 Miami, Florida 33126

Suite, Apt. #, etc.  
 Miami, Florida 33126

City & State

City & State

4. FEI Number

**59-2831032**

Applied For

Not Applicable

Zip  
 33126

Country

Zip  
 33126

Country

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

**CABAPCA, JULIO**  
**5761 W. 2 CT**  
**HIALEAH FL 33012**

Name **BENITO GONZALEZ**

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

**11770 SW 182 Terr**

City **Miami, Florida**

**FL**

Zip Code  
**33177**

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 re-registering)

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 **P**  Delete  
 NAME **CABARGA, JULIO**  
 STREET ADDRESS **5761 W. 2 CT**  
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **P**  Change  Addition  
 NAME **BENITO GONZALEZ**  
 STREET ADDRESS **11770 SW 182 Terr**  
 CITY-ST-ZIP **MIAMI, FLORIDA 33177**

TITLE **TD**  Delete  
 NAME **REVUELTA, GUILLERMO A.**  
 STREET ADDRESS **3437 NW 15TH ST**  
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BRITO, JOSE**  
 STREET ADDRESS **5033 NW 7 ST 208**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **QUIROS, MIRIAM**  
 STREET ADDRESS **444 S W 64TH CT**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **SANCHEZ, RICARDO**  
 STREET ADDRESS **41 NW 59 ST**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D**  Change  Addition  
 NAME **JUAN R. GONZALEZ**  
 STREET ADDRESS **1781 NW 16 TERR**  
 CITY-ST-ZIP **Miami, Florida 33125**

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:

*[Signature]*  
**SANCHEZ, RICARDO** PRESIDENTE

4-30-2000

Date

Daytime Phone #

CR2E037 (9/99)