

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90170 017 ****70.00

0037730

DOCUMENT # N11014

1. Entity Name

MUNICIPALITIES OF CUBA IN EXILE (OFFICIAL) INC.

Principal Place of Business

4610 NORTHWEST 7TH STREET
 MIAMI FL 33126

Mailing Address

4610 NORTHWEST 7TH STREET
 MIAMI FL 33126

UUU46484



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2831032

Applied For

Not Applicable

Zip

Country

Zip

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

GONZALEZ, BENITO
 11770 SW 182 TERR
 MIAMI FL 33177

Name **GUILLERMO REVUELTA**

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

3437 NW 15 ST

City **MIAMI**

FL

Zip Code **33125**

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 **GUILLERMO REVUELTA**

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

(NOTE: Registered Agent signature required when reinstating)

APRIL 24/2001

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 **GONZALEZ, BENITO**
 STREET ADDRESS **11770 SW 182 TERR**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE **P** Change Addition
 NAME **REVUELTA, GUILLERMA**
 STREET ADDRESS **3437 NW 15 ST**
 CITY-ST-ZIP **MIAMI, FLORIDA 33125**

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

TITLE **D** Change Addition
 NAME **CABARGA, JULIO**
 STREET ADDRESS **5761 W 2 CT**
 CITY-ST-ZIP **HIALEAH, FLORIDA 33012**

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

TITLE **TD** 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 **GONZALEZ, JUAN**
 STREET ADDRESS **1781 NW 16 TERR.**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **D** Change Addition
 NAME **TUDELA, MIGUEL A.**
 STREET ADDRESS **1951 SW 62 AVE**
 CITY-ST-ZIP **MIAMI, FL. 33155**

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:

MIRIAM QUIROS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIRIAM QUIROS

APRIL 24/2001 (305-4478866)

Date

Daytime Phone #

CR2E037 (10/00)