

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14796

1. Entity Name

MUNICIPALITIES TRUST FUND CORPORATION

Principal Place of Business

4600 N.W. 7TH STREET  
MIAMI FL 33126

Mailing Address

1951 S.W. 62TH AVE.  
MIAMI FL 33155-2010

2. Principal Place of Business

4610 N.W. 7TH STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State

Zip  
33126

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2802715

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

TUDELA, MIGUEL A  
1951 SW 62TH AVE  
MIAMI FL 33155

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

MIGUEL A. TUDELA

4-28-00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD TUDELA, MIGUEL A 1951 SW 62TH AVE. MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURTADO, NELLY 290 E. 39TH STREET HIALEAH FL 33013	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. HERNANDEZ, BLAS R 3162 VILLAGE GREEN DRIVE MIAMI FL 33165	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. CUERVO, ENRIQUE 1510 SW 14TH TERR MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTORINO, JULIO 1024 NW 18 PL MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERDOMO, DESIDERIO 4600 NW 7TH STREET MIAMI FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HURTADO, NELLY 290 E 39TH STREET HIALEAH, FL 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAS, MIGUEL M. 2050 NW 16TH TERR. #109-E MIAMI FL 33125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VISO, JOHNNY 3470 SW 113TH PL. MIAMI FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUDELA-WILCOX, DAISY 7755 SW 32 TRR. MIAMI, FL. 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAZQUEZ, RICARDO 5200-A SW 8TH STREET MIAMI FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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

MIGUEL A. TUDELA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00 485-1545

CR2E037 (9/99)