

DOCUMENT # N16729

1. Entity Name

MUNICIPIO DE SAN JUAN DE LOS YERAS INC.**FILED**
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90081 021 ****61.25

Principal Place of Business

Mailing Address

C/O MARIO O. PEREZ
9390 W FLAGLER ST APT 105
MIAMI FL 33174C/O MARIO O. PEREZ
9390 W FLAGLER ST APT 105
MIAMI FL 33174-3432

2. Principal Place of Business

3. Mailing Address

SAME AS ABOVE

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#105

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

PEREZ, MARIO O.
9390 W. FLAGLER #105
MIAMI FL 33174Name **JEFFREY A. NAVARRO**Street Address (P.O. Box Number is Not Acceptable)
9390 W. FLAGLER ST.**APT. 105**City **MIAMI****FL**Zip **33174**

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 **JEFFREY A. NAVARRO** **Jeffrey A. Navarro** **3/12/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW:**
FEE IS \$61.259. 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 **DP** ☒ Delete
NAME **PEREZ, MARIO O.**
STREET ADDRESS **9390 W FLAGLER**
CITY-ST-ZIP **MIAMI FL**TITLE **DP** ☐ Change ☒ Addition
NAME **NAVARRO, JEFFREY A.**
STREET ADDRESS **9390 W. FLAGLER**
CITY-ST-ZIP **MIAMI, FL**TITLE **DS** ☐ Delete
NAME **PEREZ, MARIA E.**
STREET ADDRESS **6159 W.FLAgLER #104**
CITY-ST-ZIP **MIAMI FL**TITLE **DVP** ☒ Change ☐ Addition
NAME **PEREZ, MARIO O.**
STREET ADDRESS **9390 W. FLAGLER**
CITY-ST-ZIP **MIAMI, FL**TITLE **DT** ☐ Delete
NAME **ORAMA, ARTURO**
STREET ADDRESS **1281 W**
CITY-ST-ZIP **HIALEAH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **JEFFREY A. NAVARRO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/00
Date**(305) 559-3732**
Daytime Phone #

CR2E037 (9/99)