2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36247

1. Entity Name

MUNICIPIO DE TRINIDAD EN EL EXILIO, INC.

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90051 030 ****61.25

Principal Place of Business	Mailing Address
1510 SW 14TH TER P.O. BOX 452533 MIAMI FL 33145-9533 US	1510 SW 14TH TER P OBOX 452533 MIAMI FL 33145-1545 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0172722 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, FRANCISCO
930 WEST 39 PLACE
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name VAZquez, FERNANDO
Street Address (P.O. Box Number is Not Acceptable) 3267 SW 24 Terr.
City MIAMI FL Zip Code 33145

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 Fernando Vazquez 4/21/2000
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	DT VAZQUEZ, FERNANDO 3267 SW 24TH TERR MIAMI FL 33145	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gomez, FRANCISCO 930 West 39 Place Hialeah, Fl 33012 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV NOCHEA, JESUS 1292 SW 21ST TER MIAMI FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CUERVO, ENRIQUE 1510 SW 14TH TERR MIAMI FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FRESNEDO, JOSE 1710 SW 18TH ST MIAMI FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS CUERVO, DELIA 1510 SW 14TH TERRACE MIAMI FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CUERVO, ENRIQUE 1510 SW 14 TERR MIAMI FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #