

5/22

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 04, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90094 026 \*\*\*\*61.25

**DOCUMENT # N46208**

1. Entity Name

**FELLOWSHIP OF FORMER SCOUTS AND GUIDES OF CUBA, INC.**

Principal Place of Business

Mailing Address

10221 SW 27 ST  
MIAMI FL 33165  
US10221 SW 27 ST  
MIAMI FL 33165  
DEPARTMENT OF STATE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0309012

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

GARCIA, MARIO G  
10221 SW 27 STREET  
MIAMI FL 33165

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

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	S-	<input checked="" type="checkbox"/> Delete
NAME	GUAS, EUGENIO B	
STREET ADDRESS	P.O. BOX 45-2801	
CITY-ST-ZIP	MIAMI FL 33245-2801	

TITLE	MANUEL FLORES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4836 SW 8 ST	
STREET ADDRESS	CORAL GABLES, FL 33134	
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HERRERA, ROLANDO	
STREET ADDRESS	1531 N.W. 29TH CT.	
CITY-ST-ZIP	MIAMI FL 33125	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	M	<input type="checkbox"/> Delete
NAME	ESPINOSA, JUSTO DH.	
STREET ADDRESS	435 W 41 PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	→ same	
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, MARIO G	
STREET ADDRESS	10221 S.W. 27TH ST.	
CITY-ST-ZIP	MIAMI FL 33165	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	→ same	
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORALES-DIAZ, VIRGILIO	
STREET ADDRESS	2300 SW 9 AVE	
CITY-ST-ZIP	MIAMI FL 33129	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MARIO G GARCIA**

4/30/02

305 375 1193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)