## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 31, 2000 8:00 am Secretary of State DOCUMENT # **N46992** 1. Entity Name PARTIDO DEL PUEBLO CUBANO, ORTODOXO, INC-05-31-2000 90030 018 \*\*\*\*61.25 Principal Place of Business Mailing Address 3300 S DIXIE HWY 3300 S DIXIE HWY #509 #509 MIAMI FL 33133-3649 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0312753 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name≎ Street Address (P.O. Box Number is Not Acceptable) OCHOA, EMILIO 3300 S DIXIE HWY #509 Zip Code City FL **MIAMI FL 33133** 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. AND THE COURT SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition ☐ Delete TITLE TITL F NAME NAME OCHOA, EMILIO STREET ADDRESS STREET ADDRESS 3300 S DIXIE HWY #506 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE VD ☐ Delete TITLE NAME NAME TARAFA, HUMBERTO STREET ADDRESS STREET ADDRESS 1408 NW 6TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE VD TITLE NAME ASENCIO, LAZARO NAME STREET ADDRESS STREET ADDRESS 25 CAMPINA COURT CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** ☐ Change ☐ Addition ☐ Delete TITLE NAME **GUTIERREZ, JOSE RAMON** STREET ADDRESS STREET ADDRESS 1904 COUNTRY CLUB PRADO CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL 33134 TITI F ☐ Delete TITLE Change Addition NAME DE LA PORTILLA, ORLANDO NAME STREET ADDRESS STREET ADDRESS 3101 SW 105 AVE CITY-ST-ZIP CITY-ST-ZIF MIAMI FL SD TITLE Change Addition TITLE Delete NAME NAME SUAREZ-BURGOS, MARCO A. STREET ADDRESS STREET ADDRESS 200 SW 30 ROAD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 12. I hereby certify that the information supplied with this filling 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 the anglaccurate and that my sonature shall be the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver a trooper ampowered to execute this perfect 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.