

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 17, 2000 8:00 am
Secretary of State

05-10-2000 90125 020 ****61.25

DOCUMENT # N51220

1. Entity Name
PARTIDO SOCIAL REVOLUCIONARIO DEMOCRATICO INC. R

Principal Place of Business Mailing Address
920 NW 24TH COURT P.O. BOX 351081
MIAMI FL 33125 MIAMI FL 33135-7081
US US

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

4. FEI Number **65-0364551** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SIMEON, ROBERTO
920 NW 24TH CT
MIAMI FL 33125

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

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	P JORGE, VALLS <input type="checkbox"/> Delete 9785 SW 123 TERRACE MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PREVIOUS VALLS - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jorge Valls - D 9875 SW 123 TERR MIAMI - FL 12 D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SIMEON, ROBERTO 920 NW 24TH COURT MIAMI FL 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert Simeon D 920 NW 24 CT MIAMI - FL 33125 D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete VALLS, JORGE 9785 SW 123 TERR MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rolando CARABALLO D 15821 SW 14 CT MIAMI FL 33137 D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete SIMEON, ROBERTO 920 N.W. 24TH COURT MIAMI FL 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARBALLO, ROLANTO 15821 SW 14TH COURT MIAMI FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 817, 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 OF SUI **Roberto Simeon** 4/25/2000 305 5412334

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



DO NOT WRITE IN THIS SPACE

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