

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90140 011 ****61.25

DOCUMENT # N93000002979

1. Entity Name

MUNICIPIO DE SANTA CRUZ DEL SUR EN EL EXILIO, IN C.

Principal Place of Business

Mailing Address

**851 NW 14TH CT.
 MIAMI FL 33125**

**851 NW 14TH CT.
 MIAMI FL 33125**

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

65-0429856

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

**VIAMONTES, CIRO L
 851 NW 14TH CT.
 MIAMI FL 33125**

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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **VIAMONTES, CIRO L**
 CITY-ST-ZIP **851 NW 14TH CT.
 MIAMI FL 33125**

TITLE ☐ Change ☐ Addition
 NAME **Viamontes Cirlo L**
 STREET ADDRESS **same address**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **ARTEAGA, CARLOS**
 CITY-ST-ZIP **7411 PANAMA ST
 MIRAMAR FL**

TITLE ☐ Change ☐ Addition
 NAME **Arteaga Carlos**
 STREET ADDRESS **same address**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **VIAMONTES, GEROGELINA Q**
 CITY-ST-ZIP **851 NW 14TH CT.
 MIAMI FL 33125**

TITLE ☐ Change ☐ Addition
 NAME **Viamontes Gerogelina Q.**
 STREET ADDRESS **same address**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **SUAREZ, MAGALI**
 CITY-ST-ZIP **400 NW 43RD PL.
 MIAMI FL 33126**

TITLE ☐ Change ☐ Addition
 NAME **Suarez Magali**
 STREET ADDRESS **same address**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DT**
 STREET ADDRESS **FONSECA, NANCY**
 CITY-ST-ZIP **2101 N.W. 18TH STREET
 MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME **Fonseca Nancy**
 STREET ADDRESS **same address**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DT**
 STREET ADDRESS **DIAZ, JOSE M.**
 CITY-ST-ZIP **10035 SW 12 TERR
 MIAMI FL 33174**

TITLE ☐ Change ☐ Addition
 NAME **Diaz Jose M.**
 STREET ADDRESS **same 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)