


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 09, 2003 8:00 am**  
**Secretary of State**

09-09-2003 90026 023 \*\*\*\*\*75.00

**DOCUMENT # N93000003955**

1. Entity Name  
**EJERCITO DE LIBERACION NACIONAL DE CUBA, INC.**



Principal Place of Business  
**11300 NW 87TH COURT  
HIALEAH GARDENS FL 33016**

Mailing Address  
**20051 N.W. 64 PL  
HOUSE  
HIALEAH FL 33015  
US**

2. Principal Place of Business

3. Mailing Address  
**20051 NW 64 PL**

Suite, Apt. #, etc.

Suite, Apt. #, etc. **HOUSE**

City & State  
**HIALEAH FLORIDA**

Zip  
**33015**

Country  
**DADE**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0380459**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BONACHEA, LORENZO A  
20051 NW 64 PL  
HIALEAH FL 33015**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **DP**  Delete  
NAME **BONACHEA, LORENZO A**  
STREET ADDRESS **20051 NW 64 PL.**  
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V**  Delete  
NAME **REYES, MARQUEZ J**  
STREET ADDRESS **1529 NW NORT RIVER DR #6**  
CITY-ST-ZIP **MIAMI FL 33125**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS**  Delete  
NAME **TOMEY, MIGUEL F**  
STREET ADDRESS **540 E 21 STREET**  
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VS**  Delete  
NAME **TORRES, JOAQUIN**  
STREET ADDRESS **14470 SW 113 LANE**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VS**  Change  Addition  
NAME **TORRES, JOAQUIN**  
STREET ADDRESS **2847 NW 13 STREET**  
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **DT**  Delete  
NAME **FERNANDEZ, G. RUBEN**  
STREET ADDRESS **4271 NW 18 STREET #301**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: *Lorenzo A. Bonachea*  
**BONACHEA, LORENZO A** **SIGNATURE REQUIRED** 08-20-03 (305)627-6680-

CR2E037 (4/03)