

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90141 002 ****61.25

DOCUMENT # **N94000005405**

1. Entity Name

REAL CLUB ESPANOL, INC.

Principal Place of Business

**7401 NW 8TH STREET
MIAMI, FLORIDA 33126**

Mailing Address

**7401 NW 8TH STREET
MIAMI, FL 33126**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1699 CORAL WAY ST

Suite, Apt. #, etc.

STE. 512

City & State

Zip

Country

4. FEI Number

65-0533815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, EDELMIRO
7401 NW 8TH STREET
MIAMI, FL 33126**

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

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

TITLE **DP** ☐ Delete
NAME **GONZALEZ, EDELMIRO**
STREET ADDRESS **7401 NW 8ST**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **DV** ☐ Delete
NAME **GONZALEZ, EDELMIRO**
STREET ADDRESS **7401 NW 8ST**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **DT** ☐ Delete
NAME **FERNANDEZ, CARLOS**
STREET ADDRESS **1031 SW 73 PL**
CITY-ST-ZIP **MIAMI, FL 33144**

TITLE **DT** ☐ Delete
NAME **ZAPATA, ANGEL**
STREET ADDRESS **340 NW 59 AVE.**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **EDELMIRO GONZALEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00

Date

305 261-4555

Daytime Phone #

CR2E037 (9/99)