

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90499 022 ****61.25

DOCUMENT # N95000000384

1. Entity Name

ASAMBLEA PROVINCIAL DE CAMAGUEY EN EL EXILIO, IN

Principal Place of Business

Mailing Address

851 NW 14TH CT.
 MIAMI FL 33125-3621

851 NW 14TH CT.
 MIAMI FL 33125-3621

00057070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0553819

Applied For

Not Applicable

Zip

Country

Zip

Country

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 33125-3621

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.

(NOT 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 | DT | <input checked="" type="checkbox"/> Delete |
| NAME | RODRIGUEZ, MAYDA | |
| STREET ADDRESS | 6741 SW 28 TERR | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | SANCHEZ, RICARDO | |
| STREET ADDRESS | 47 NW 51 CT | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | OTERO, LAZARA | |
| STREET ADDRESS | 2142 NW 34 ST | |
| CITY-ST-ZIP | MIAMI FL 33142 | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | ROQUE, ELIECER | |
| STREET ADDRESS | 1521 SW 71 CT | |
| CITY-ST-ZIP | MIAMI FL 33144 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | VIAMONTES, CIRO L | |
| STREET ADDRESS | 851 NW 14 CT | |
| CITY-ST-ZIP | MIAMI FL 33125-3621 | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | ARNALDO, MANUEL | |
| STREET ADDRESS | 4721 SW 99 CT | |
| CITY-ST-ZIP | MIAMI FL 33165 | |

| | | |
|----------------|----------------------|--|
| TITLE | DT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Eventos Varquez | |
| STREET ADDRESS | 940 SYLVANIA Blvd. | |
| CITY-ST-ZIP | MIAMI, FL 33144 | |
| TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CIRO L. VIAMONTES | |
| STREET ADDRESS | 851 NW 14 CT | |
| CITY-ST-ZIP | MIAMI, FL 33125-3621 | |
| TITLE | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEORGINA & VIAMONTES | |
| STREET ADDRESS | 851 NW 14 CT | |
| CITY-ST-ZIP | MIAMI, FL 33125-3621 | |
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAUL AUED | |
| STREET ADDRESS | 1075 SW 45 Ave | |
| CITY-ST-ZIP | MIAMI, FL 33134 | |
| TITLE | DT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DARIO BOSIO | |
| STREET ADDRESS | 4051 SW 112 Ave | |
| CITY-ST-ZIP | MIAMI, FL 33165 | |
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICARDO SANCHEZ | |
| STREET ADDRESS | 41 NW 59 St. | |
| CITY-ST-ZIP | MIAMI, FL 33126 | |

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: *Ciro L. Viamontes* 5/22/01 305-541-6083

CR2E037 (10/00)