

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-27-2002 90315 050 ****61.25

DOCUMENT # N95000000384

1. Entity Name

ASAMBLEA PROVINCIAL DE CAMAGUEY EN EL EXILIO, IN C.

Principal Place of Business

Mailing Address

851 NW 14TH CT.
 MIAMI FL 33125-3621

851 NW 14TH CT.
 MIAMI FL 33125-3621

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

65-0553819

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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.

(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 **DT** Delete
 NAME **VAZQUEZ, EVENTO**
 STREET ADDRESS **940 SYLVANIA BLVD**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **DT** Change Addition
 NAME **CIRO L. Viamontes**
 STREET ADDRESS **851 NW 14 Court**
 CITY-ST-ZIP **Miami FL 33125**

TITLE **PD** Delete
 NAME **SANCHEZ, RICARDO**
 STREET ADDRESS **47 NW 51 CT**
 CITY-ST-ZIP **MIAMI FL 33128**

TITLE **PD** Change Addition
 NAME **Roberto Sosa**
 STREET ADDRESS **671 E. 53 St**
 CITY-ST-ZIP **Hiawatha, FL 33013**

TITLE **DS** Delete
 NAME **VIAMONTES, GEORGINA**
 STREET ADDRESS **851 NW 14 COURT**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **DS** Change Addition
 NAME **Viamontes Georgina**
 STREET ADDRESS **851 NW 14 Ct**
 CITY-ST-ZIP **Miami FL 33125**

TITLE **DP** Delete
 NAME **AKED, RAUL**
 STREET ADDRESS **1075 SW 45 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE **DP** Change Addition
 NAME **Raul Aved**
 STREET ADDRESS **1075 SW 45 ave**
 CITY-ST-ZIP **Miami FL 33134**

TITLE **DV** Delete
 NAME **VIAMONTES, CIRO L**
 STREET ADDRESS **851 NW 14 CT**
 CITY-ST-ZIP **MIAMI FL 33125-3621**

TITLE **DV** Change Addition
 NAME **Dario Cosio**
 STREET ADDRESS **4051 SW 112 ave**
 CITY-ST-ZIP **Miami FL 33134**

TITLE **DT** Delete
 NAME **COSIO, DARIO**
 STREET ADDRESS **4051 SW 112 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE **DT** Change Addition
 NAME **Jorge del Sol**
 STREET ADDRESS **P.O. Box 347255**
 CITY-ST-ZIP **Miami FL 33234**

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 empower.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 18, 2002

Date

Daytime Phone #

CR2E037 (9/01)