

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90460 008 ****61.25

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1. Entity Name
ASAMBLEA PROVINCIAL DE CAMAGUEY EN EL EXILIO, IN C.



Principal Place of Business
**851 NW 14TH CT.
MIAMI FL 33125-3621**

Mailing Address
**851 NW 14TH CT.
MIAMI FL 33125-3621**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**VIAMONTES, CIRO L
851 NW 14TH CT.
MIAMI FL 33125-3621**

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 _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DT	VIAMONT, CIRO L	851 NW 14 COURT	MIAMI FL 33125	<input type="checkbox"/>	<input type="checkbox"/>
PD	SOSA, ROBERTO	671 E 53 ST.	HIALEAH FL 33013	<input type="checkbox"/>	<input type="checkbox"/>
DS	GEORELINA, VIAMONTES	851 NW 14 CT	MIAMI FL 33125	<input type="checkbox"/>	<input type="checkbox"/>
DP	AKED, RAUL	1075 SW 45 AVENUE	MIAMI FL 33134	<input type="checkbox"/>	<input type="checkbox"/>
DV	COSIO, DARIO	4051 SW 112 AVE	MIAMI FL 33134	<input type="checkbox"/>	<input type="checkbox"/>
DT	DEL SOL, JORGE	PO BOX 347255	MIAMI FL 33234	<input type="checkbox"/>	<input type="checkbox"/>
	VIAMONTES CIRO L	851 NW 14 CT.	MIAMI FL 33125	<input type="checkbox"/>	<input type="checkbox"/>
	Sosa Roberto	671 E 53 ST	Hialeah, FL	<input type="checkbox"/>	<input type="checkbox"/>
	VIAMONTES GEORGE L INC	851 NW 14 CT	MIAMI FL 33125	<input type="checkbox"/>	<input type="checkbox"/>
	Raul Aked	1075 SW 45 Ave	MIAMI, FL 33134	<input type="checkbox"/>	<input type="checkbox"/>
	Dario Cosio	4051 SW 112 Ave	MIAMI FL 33134	<input type="checkbox"/>	<input type="checkbox"/>
	Del Sol Jorge	P.O. Box 347255	MIAMI FL 33234	<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Jan 9 2003 - 305-541-1083**