

03
**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 FEB 27 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001695

1. Entity Name

ASOCIACION DE EX-CADETES DEL COLEGIO
MILITAR LEONCIO PRADO, FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8347 SW 40TH ST.

3. Mailing Address

8347 SW 40TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0667703

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

5. Certificate of Status Desired ☐

\$8.75

Additional

Fee Required

7. Name and Address of Current Registered Agent

Name SERGIO MASSA

Street Address (P.O. Box Number is Not Acceptable)

8347 SW 40TH ST.

City MIAMI

FL

Zip Code
33155

**DO NOT WRITE
IN THIS SPACE**

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)

02-18-03

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P.D.
MIGUEL A. HUAMAN
323 SE TRANQUILA AVE.
PORT ST. LUCIE, FL 34983

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V.D.
CARLOS A. PERALTA
1162 SW HIBISCUS ST.
PORT ST. LUCIE, FL 34983

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V.D.
RAFAEL DELGADO
13756 SW 157TH ST.
MIAMI, FL 33177

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T.S.D.
JUAN C. GARCES
6555 NW 36TH ST. #117
MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Miguel A. Huaman MIGUEL A. HUAMAN

02-18-03

305-220-3420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)