

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

0039914

**DOCUMENT # N96000002553**

1. Entity Name

**ASAMBLEA PROVINCIAL DE ORIENTE EN EL EXILIO, INC**

02-26-2001 90543 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2624 NW 24TH COURT  
 MIAMI FL 33142

2624 NW 24TH COURT  
 MIAMI FL 33142

814777



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

65-0682698

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

**RODRIGUEZ, LUIS**  
**2624 NW 24TH COURT**  
**MIAMI FL 33142**

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	DP	<input type="checkbox"/> Delete
NAME	SALAS, MIGUEL	
STREET ADDRESS	2050 NW 16TH TERRACE #190 E	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MARTIN, CATALINA	
STREET ADDRESS	925 NW 7TH ST RD	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LUIS	
STREET ADDRESS	2624 NW 24TH COURT	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RIQUENE, EDDY	
STREET ADDRESS	5910 SW 10TH ST	
CITY-ST-ZIP	WEST MIAMI FL 33144	
TITLE	DT	<input type="checkbox"/> Delete
NAME	VIVES, PEDRO	
STREET ADDRESS	6880 SW 48TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GONGORA, PEDRO P	
STREET ADDRESS	2931 SW 103RD AVE	
CITY-ST-ZIP	MIAMI FL 33165	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUEL P. ROMERO	
STREET ADDRESS	9952 S.W. 85E Apt-140	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNNY VISO	
STREET ADDRESS	3470 S.W. 113 PL	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDY RIQUENES	
STREET ADDRESS	5910 S.W. 10 ST	
CITY-ST-ZIP	WEST MIAMI FL 33144	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS RODRIGUEZ	
STREET ADDRESS	2624 NW 24TH COURT	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE H LECUSAY	
STREET ADDRESS	15611 SW 48 ST	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDRO VIVES	
STREET ADDRESS	6880 SW 48 TRR	
CITY-ST-ZIP	MIAMI FL 33155	

CR2E037 (10/00)

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:

*MANUEL P. ROMERO*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 17, 2001 (305) 220-6331  
 Date Daytime Phone #