

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90176 016 ****61.25

DOCUMENT # N96000002601

1. Entity Name

MOVIMIENTO DEMOCRACIA, CORP.

Principal Place of Business

Mailing Address

**8150 SW 8TH ST. STE. 217
 MIAMI FL 33144**

**P.O. BOX 440661
 MIAMI FL 33144-0661**

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

65-0723923

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

**SANCHEZ, RAMON S
 8150 SW 8TH ST. STE. 217
 MIAMI FL 33144**

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	SANCHEZ, RAMON S	
STREET ADDRESS	8150 SW 8TH ST. STE. 217	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PEREZ, MERCEDES	
STREET ADDRESS	8150 SW 8TH STREET STE 217	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	DS	<input type="checkbox"/> Delete
NAME	VELASCO, MILA ROS S	
STREET ADDRESS	9210 SW 15TH ST	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DELVALLE, NORMAN	
STREET ADDRESS	7201 SW 102 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2002

305-785-0669
 305-264-7200

CR2E037 (9/01)