

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91553 036 ****61.25

DOCUMENT # N96000003129

1. Entity Name

ASOCIACION DE EX-CONFINADOS DE LA U.M.A.P., INC.

Principal Place of Business

Mailing Address

**7212 SW 21ST ST.
 MIAMI FL 33155**

**7212 SW 21ST ST.
 MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6450 COLLINS AVE.

APT. #904

MIAMI BEACH, FL.

33141

U.S.A

4. FEI Number **65-0701908**

Applied For

Not Applicable

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

**IZQUIERDO, EMILIO JR.
 7212 SW 21 ST
 MIAMI FL 33155**

Name **ORLANDO A. COLAS**

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

6450 COLLINS AVE

APT. #904

City **MIAMI BEACH, FL.**

FL

Zip Code

33141

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]

ORLANDO A. COLAS B.O.

4/18/01

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	PD	<input checked="" type="checkbox"/> Delete
NAME	IZQUIERDO, EMILIO JR	
STREET ADDRESS	7212 SW 21 ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ARZU, HUGO E	
STREET ADDRESS	12800 SW 47 ST	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COLAS, ORLANDO A	
STREET ADDRESS	6450 COLLINS AVE., APT. #904	
CITY-ST-ZIP	MIAMI BCH FL 33141	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZO, CECILIO	
STREET ADDRESS	571 E. 29 ST.	
CITY-ST-ZIP	HALEAH, FLA. 33013	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(f), 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] **Cecilio Lorenzo**

4-18-01

305.556.6175 10.A.M. 7-P.M.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)