

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90261 043 ****61.25

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1. Entity Name

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



Principal Place of Business

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

Mailing Address

**6450 COLLINS AVE
APT 904
MIAMI FL 33141**

90002857



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

6600 SW 24 STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33155

Country

Zip

Country

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

**COLAS, ORLANDO A
6450 COLLINS AVE
APT 904
MIAMI FL 33141**

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

ORLANDO COLAS

1/08/03

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	ARZA, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	LORENZO, CECILIO	
STREET ADDRESS	572 E 29TH STREET	
CITY-ST-ZIP	HALEAH FL 33013	
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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENATO GOMEZ	
STREET ADDRESS	7950 SW 18 TER	
CITY-ST-ZIP	MIAMI, FL. 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCISCO GARCIA	
STREET ADDRESS	6600 SW 24 STREET	
CITY-ST-ZIP	MIAMI, FL. 33155	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENRIQUE TRIGO	
STREET ADDRESS	8220 NW 10 STREET #D3	
CITY-ST-ZIP	MIAMI, FL. 33126	
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		

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:

FRANCISCO GARCIA

1/8/03