

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90030 025 ****61.25

DOCUMENT # N96000003522

1. Entity Name

CIRCLE OF SANTIAGO DE CUBA IN EXILE, INC.

Principal Place of Business

Mailing Address

8470 SW 8 ST
 MIAMI FL 33144

P.O. BOX 44-1866
 MIAMI FL 33144-1866

00010170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8470 SW 8 St
 Suite, Apt. #, etc.
 8470

Suite, Apt. #, etc.

City & State

City & State

MIAMI - FL

4. FEI Number

65-0799980

Applied For

Not Applicable

Zip

Country

Zip

Country

33144

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

CREMATI, JOSEFINA
 1925 BRICKELL AVE.
 1712
 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 PD Delete
 NAME GALANO, ROGELIO JR
 STREET ADDRESS 4361 SW 2ND TERRACE
 CITY-ST-ZIP MIAMI FL 33134

TITLE PRESIDENT Change Addition
 NAME JOSE R. LLORADO
 STREET ADDRESS 4410 WEST FLAGLER ST APT 106
 CITY-ST-ZIP MIAMI, FL

TITLE SD Delete
 NAME CALLEJAS, SOFIA
 STREET ADDRESS 6996 NW 186TH ST., APT 211
 CITY-ST-ZIP MIAMI FL 33115

TITLE LIDIA FERNANDEZ Change Addition
 NAME LIDIA FERNANDEZ
 STREET ADDRESS 6840 SW 29 ST
 CITY-ST-ZIP MIAMI, FL 33155

TITLE VD Delete
 NAME RODRIGUEZ, MANUEL
 STREET ADDRESS 10201 SW 66TH STREET
 CITY-ST-ZIP MIAMI FL 33173

TITLE CARLOS M. PALACIOS Change Addition
 NAME CARLOS M. PALACIOS
 STREET ADDRESS 14348 SW 50 ST
 CITY-ST-ZIP MIAMI, FL. 33175

TITLE PD Delete
 NAME PUJOL, JOSE
 STREET ADDRESS 10322 SW 27 ST
 CITY-ST-ZIP MIAMI FL 33165

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME CREMATI, JOSEFINA
 STREET ADDRESS 1925 BRICKELL AVE., D1712
 CITY-ST-ZIP MIAMI FL 33129

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME GALANO, ROGELIO JR
 STREET ADDRESS 4361 SW 2ND TER
 CITY-ST-ZIP MIAMI FL 33134

TITLE Change 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

(Signature)
 SIGNATURE REQUIRED (EK# 448)

2/4/2000 305-261-1220
 DATE DAYTIME PHONE #