

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 06, 2001 8:00 am
Secretary of State

04-27-2001 90368 043 *****70.00

DOCUMENT # N96000003522
 1. Entity Name
CIRCLE OF SANTIAGO DE CUBA IN EXILE, INC.

Principal Place of Business Mailing Address
~~870 SW 8 ST #8470 MIAMI FL 33144~~ **9600 SW 8 ST #1041 Miami FL 33174**
~~PO BOX 11866 MIAMI FL 33144~~

2. Principal Place of Business 3. Mailing Address
9600 SW 8 ST **9600 SW 8 ST SUITE 10**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
10-11 **SUITE 10 & 11**
 City & State City & State
MIAMI FL **MIAMI, FL**
 Zip Country Zip Country
33174 **USA** **33174** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0799980** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Name and Address of Current Registered Agent
~~CREMATI, JOSEFINA 1925 BRICKELL AVE. MIAMI FL 33144~~ **Roxi Saqui**
 7. Name and Address of New Registered Agent
 Name **Roxi Saqui**
 Street Address (P.O. Box Number is Not Acceptable) **8025 SW 19 St.**
 City **MIAMI, FL** FL Zip Code **33155**

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 **Roxi Saqui** **Roxi Saqui** **4-20-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	TITLE	PRESIDENT.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALANO, ROGELIO JR		NAME	ROXI SAQUI	
STREET ADDRESS	4361 SW 2ND TERRACE		STREET ADDRESS	8025 SW 19 ST	
CITY-ST-ZIP	MIAMI FL 33134		CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLEJAS, SOFIA		NAME	SALVADOR SAQA	
STREET ADDRESS	6996 NW 186TH ST., APT 211		STREET ADDRESS	334 NE 99 ST.	
CITY-ST-ZIP	MIAMI FL 33115		CITY-ST-ZIP	MIAMI SHORES, FL 33138	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MANUEL		NAME	RAMON SAGUE	
STREET ADDRESS	10201 SW 66TH STREET		STREET ADDRESS	13817 SW 15 ST	
CITY-ST-ZIP	MIAMI FL 33173		CITY-ST-ZIP	MIAMI, FL 33184	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VICE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUJOL, JOSE		NAME	DR. JOSE LLADRADO	
STREET ADDRESS	10322 SW 27 ST		STREET ADDRESS	4110 W. FLAGLER ST. #102	
CITY-ST-ZIP	MIAMI FL 33165		CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREMATI, JOSEFINA		NAME	JOSE PUJOL	
STREET ADDRESS	1925 BRICKELL AVE., D1712		STREET ADDRESS	10250 SW 28 ST	
CITY-ST-ZIP	MIAMI FL 33129		CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VICE-TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALANO, ROGELIO JR		NAME	SONNIA HERNANDEZ	
STREET ADDRESS	4361 SW 2ND TER		STREET ADDRESS	2134 SW 99 AVE.	
CITY-ST-ZIP	MIAMI FL 33134		CITY-ST-ZIP	MIAMI, FL 33165	

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: **RAMON A. SAGUE** **4-20-01 (205) 221-3975**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)