

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000001433**

1. Entity Name

CUBAN-AMERICAN MILITARY COUNCIL (CAMCO), INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90104 006 ****70.00

Principal Place of Business

**8543 SOUTHWEST 132ND PLACE
MIAMI FL 33183**

Mailing Address

**8543 SW 132 PL
MIAMI FL 33183-4172
US****80007195**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0747341

Applied For

Not Applied

Zip

Country

Zip

Country

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

**ROIG, OSCAR M
8543 SOUTHWEST 132ND PLACE
MIAMI FL 33183**

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 ☐ Delete
NAME **PD OLIVA, ERNELDO A MAJGEN**
STREET ADDRESS **12208 RIVERVIEW ROAD**
CITY-ST-ZIP **FT. WASHINGTON MD 20749**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VPD MIRO TORRA, JOSE DR.**
STREET ADDRESS **2931 SOUTHWEST 129TH COURT**
CITY-ST-ZIP **MIAMI FL 33175**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SD SUEIRO, HUGO MAJ.**
STREET ADDRESS **1860 SOUTHWEST 64TH AVE.**
CITY-ST-ZIP **MIAMI FL 33155**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **TD CERVERA, MIGUEL**
STREET ADDRESS **4820 ORDUNA DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33146**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/18/2000