

DOCUMENT # N98000005789

1. Entity Name

CENTRO DE ESTUDIO PARA UNA OPCION NACIONAL, INC. *R*FILED
Jun 29, 2000 8:00 am
Secretary of State

05-24-2000 90064 044 ****61.25

Principal Place of Business

Mailing Address

10250 S.W. 56TH STREET
SUITE C-203
MIAMI FL 3316510250 S.W. 56TH STREET
SUITE C-203
MIAMI FL 33165-7096

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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

Name

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

City

FL

Zip Code

TOME, JAY R
2701 PONCE DELEON BLVD
MEZZANINE
CORAL GABLES FL 33134

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME BERMUDEZ, JUAN CARLOS

STREET ADDRESS 10250 SW 56 ST A 102

CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Delete

NAME FERNANDEZ, DE CASTRO

STREET ADDRESS 10250 SW 56 ST A102

CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Delete

NAME DE CESPEDES, JAMER

STREET ADDRESS 10250 SW 56 ST A102

CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Delete

NAME GUTIERREZ, ORLANDO

STREET ADDRESS 10250 SW 56 ST A102

CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME DE CESPEDES, JAVIER

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2037 (9/99)