

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90037 013 \*\*\*\*70.00

**DOCUMENT # N98000005789**

1. Entity Name

**CENTRO DE ESTUDIO PARA UNA OPCION NACIONAL, INC.**

Principal Place of Business

Mailing Address

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

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

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

**65-0934946**

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

**HEIDI, MICHAEL**  
**4000 HOLLYWOOD BLVD STE 735 SOUTH**  
**HOLLYWOOD FL 33021**

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	T	<input checked="" type="checkbox"/> Delete
NAME	BERMUDEZ, JUAN CARLOS	
STREET ADDRESS	10250 SW 56 STREET, C203	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, DE CASTRO	
STREET ADDRESS	10250 SW 56 STREET, C203	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GUTIERREZ, ORLANDO	
STREET ADDRESS	10250 SW 56 STREET, C203	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RIVERO, JANISSET	
STREET ADDRESS	10250 SW 56 STREET, C203	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Javier De Cespedes	
STREET ADDRESS	10250 SW 56 ST, C-203	
CITY-ST-ZIP	Miami, FL 33165	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juan Jose Fernandez De Castro	
STREET ADDRESS	10250 SW 56 ST, C-203	
CITY-ST-ZIP	Miami, FL 33165	
TITLE	Nat'l Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Orlando Gutierrez	
STREET ADDRESS	10250 SW 56 ST, C-203	
CITY-ST-ZIP	Miami, FL 33165	
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		

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

**2/8/02**

Date

Daytime Phone #

CR2E037 (9/01)