

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/7/00

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90003 006 \*\*\*\*61.25

**DOCUMENT # N99000002511**

1. Entity Name

**PARTIDO REFORMISTA SOCIAL CRISTIANO OF FLORIDA I**

Principal Place of Business

Mailing Address

350 LINCOLN RD. SUITE 412  
 MIAMI BEACH FL 33139

350 LINCOLN RD. SUITE 412  
 MIAMI BEACH FL 33139-3148

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

65-0964988

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

LORA, JULIO C  
 350 LINCOLN RD, SUITE 412  
 MIAMI BEACH FL 33139

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 MARTINEZ, IRIS  
 STREET ADDRESS 281 NW 144 ST  
 CITY-ST-ZIP N MIAMI FL 33168

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD ☐ Delete  
 NAME LORA, JULIO C  
 STREET ADDRESS 350 LINCOLN RD, SUITE 412  
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD ☒ Delete  
 NAME VARGAS, MOISES  
 STREET ADDRESS 7725 HARDING AVE #8  
 CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME JUAN T. SAIJON  
 STREET ADDRESS 6973 WEST 29 AV #102 TD  
 CITY-ST-ZIP Hialeah FL 33018

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME OSIRIS B. DUQUELA  
 STREET ADDRESS 1900 WEST 54 ST. #214 SD  
 CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

Date

Daytime Phone #

3/31/00 305 535 4264

CR2E037 (9/99)

400866  
N 9900000251

April 19, 2000

TITLES AND NAME OF DIRECTORS

IRIS MARTINEZ	PRESIDENT
JULIO LORA	VICE-PRESIDENT
JUAN T. SAJUN	TREASURER
OSIRIS B. DUQUELA	SECRETARY

