

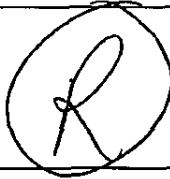
**2000 UNIFORM BUSINESS REPORT (UBR)**

9/13/00-90051-019-\$61.25-\$61.25

**DOCUMENT # N99000005220**

1. Entity Name

**CENTRO GALLEGO DE LA FLORIDA, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -9 AM 8:47

Principal Place of Business

Mailing Address

3407 SW 8 STREET  
MIAMI FL 33135

3407 SW 8 STREET  
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0945136

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ-GALLEGO, ROLANDO J  
3407 SW 8 STREET  
MIAMI FL 33135

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**  
**After September 13, 2000 min. will be \$236.25**

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  
NAME MARTINE-SOLIFIO, CARLOS  Delete  
STREET ADDRESS 3407 SW 8 STREET  
CITY-ST-ZIP MIAMI FL 33135

Change  Addition

TITLE VD  
NAME GONZALEZ-COSTAS, EDELMIRO  Delete  
STREET ADDRESS 3407 SW 8 STREET  
CITY-ST-ZIP MIAMI FL 33135

Change  Addition

TITLE SD  
NAME PEREZ-GALLEGO, ROLANDO J  Delete  
STREET ADDRESS 3407 SW 8 STREET  
CITY-ST-ZIP MIAMI FL 33135

Change  Addition

TITLE TD  
NAME FERNANDEZ-CANOSA, BENITO  Delete  
STREET ADDRESS 3407 SW 8 STREET  
CITY-ST-ZIP MIAMI FL 33135

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
AD

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 any officers, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*  
**SIGNATURE REQUIRED**

07-13-2000 305) 461-1898

Signature and Type or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR20037 (5/00)