

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State

02-26-2000 90070 003 ****70.00

DOCUMENT # N99000005606

1. Entity Name

INSTITUCION FRATERNAL HERMANOS MODELO DE LA LIBE

R

Principal Place of Business

Mailing Address

1140 S.W. 13TH AVENUE
 MIAMI FL 33135

1140 S.W. 13TH AVENUE
 MIAMI FL 33135-5426

309599



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

Applied For
 Not Applicable

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

MARQUEZ, JOSE R
1140 S.W. 13TH AVENUE
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

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	P/D	<input type="checkbox"/> Delete
NAME	MARQUEZ, JOSE R	
STREET ADDRESS	1529 N.W. RIVER DR. APT 6	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	MINGUEZ, JOSE O	
STREET ADDRESS	1970 PALM AVE APT 13	
CITY-ST-ZIP	HALEAH FL 33010	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, CRISTINO N	
STREET ADDRESS	10105 NW 9TH ST CIRCLE APT 208	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	BOUZA, SANTIAGO D	
STREET ADDRESS	522 S.W. 6TH AVE	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Jose R Marquez TREASURER 02-21-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

DOC # N99000005606

309599

INSTITUCION FRATERNAL
HERMANOS MODELOS DE LA LIBERTAD

ISLA DE PINOS
Julio 4, 1965



MIAMI, FLORIDA
Julio 4, 1990

MANSION SAGRADA
CUBA SERA LIBRE

July 25, 2000

Division of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, Fl. 32302-1500

REF: INSTITUCION FRATERNAL HERMANOS
MODELO DE LA LIBERTAD
DOCUMENT # N99000005606


TO WHOM IT MAY CONCERN:

We are in receipt of your second notice requesting our payment for the above report.

Attached please find copy of the check returned from bank and paid.

If you need more information please don't hesitate to call me at 305-644-9160.

Sincerely,


Manuel Lopez
Accountant

Doc # N99000005606

309599

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$70.00; however, the report has not been filed and a copy is being returned for the following correction(s):

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.
March 1, 2000

INSTITUCION FRATERNAL HERMANOS MODELO DE LA LIBERTAD, I
1140 S.W. 13TH AVENUE
MIAMI, FL 33135

SUBJECT: INSTITUCION FRATERNAL HERMANOS MODELO DE LA LIBERTAD, INC.
Ref. Number: N99000005606

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORTS SECTION

Letter number: 000A00011502

/vrh
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida

Attached please find 2000 VBR with the corrections
Sep 1/00