

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90065 005 \*\*\*150.00

**DOCUMENT #** P 99000104683

**1. Entity Name**  
FRENTE ANTICOMUNISTA DE LIBERACION, INC.

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**2. Principal Place of Business**  
18451 SW 92ND PLACE

**3. Mailing Address**  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
MIAMI, FLORIDA

**City & State**

**Zip**  
33157

**Country**  
USA

**Zip**  
**Country**

**4. FEI Number**  
65-0964715

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

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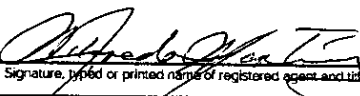
**7. Name and Address of Current Registered Agent**

**Name**  
WILFREDO MARTINEZ

**Street Address (P.O. Box Number is Not Acceptable)**  
18451 SW 92ND PLACE

**City** MIAMI **FL** **Zip Code** 33157

**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**  **WILFREDO MARTINEZ** **4-30-02**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE** PRESIDENT  
**NAME** WILFREDO MARTINEZ  
**STREET ADDRESS** 18451 SW 92ND PLACE  
**CITY-ST-ZIP** MIAMI, FL 33157

**TITLE** TREASURER  
**NAME** WILFREDO RODRIGUEZ  
**STREET ADDRESS** 559 W 186TH STREET  
**CITY-ST-ZIP** NEW YORK, NY 10033

**TITLE** SECRETARY  
**NAME** CARIDAD GRANADO  
**STREET ADDRESS** 6241 SW 92ND COURT  
**CITY-ST-ZIP** MIAMI, FL 33173

**TITLE** VICE-PRESIDENT  
**NAME** ELOY BROWN  
**STREET ADDRESS** 1967 CROTONA AVENUE  
**CITY-ST-ZIP** BRONX, NY 10457

**TITLE**  
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CP2E034B (12/01)

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **WILFREDO MARTINEZ - PRESIDENT** **4-30-02** **305-567-9077**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #