

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90014 009 \*\*\*\*61.25

**DOCUMENT # 702057**

1. Entity Name

**CONFEDERACION DE TRABAJADORES DE CUBA DELEGACION**

**A0018642**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**821 N.W. 40 AVENUE**  
**MIAMI FL 33126**

Mailing Address  
**821 N.W. 40 AVENUE**  
**MIAMI FL 33126-3625**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **NOT APPLICABLE** 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

**VALERIO, ALFONSO**  
**617 WEST 136TH AVENUE**  
**MIAMI FL 33182**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GUTIERREZ, ARSENIO</b>	
STREET ADDRESS	<b>7425 SW 39TH TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POMAR, FACUNDO</b>	
STREET ADDRESS	<b>3383 N.W. 7 ST., #210</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RAQUEL, GARCIA VALLADARE</b>	
STREET ADDRESS	<b>2870 NW 18TH AVE APT 5C</b>	
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LLUCH, CARLOS</b>	
STREET ADDRESS	<b>821 N W 40 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PEDROSO, CLARO</b>	
STREET ADDRESS	<b>3581 NW 19TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>VALERIO, ALFONSO</b>	
STREET ADDRESS	<b>617 W 136TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33182</b>	

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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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:** \_\_\_\_\_ **NOTARIAL SIGNATURE REQUIRED**

Date: **02/01/00** Daytime Phone #: **305-541-5676**