

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90055 006 ****61.25

DOCUMENT # 725287

1. Entity Name

NATIONAL ASSOCIATION OF AGRONOMIC AND SUGAR ENGINEERS OF CUBA IN EXILE, INC.

Principal Place of Business

Mailing Address

6401-D SW 116 CT
 MIAMI FL 33173-1735

C/O RAMON GOMEZ, CPA
 782 NW 42 AVE. SUITE 447
 MIAMI FL 33126
 US

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

59-2439182

Applied For

Not Applicable

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

QUESADA, MIGUEL A.
6401 SW 116 CT
MIAMI FL. FL 33173

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	<input checked="" type="checkbox"/> Delete
NAME	ABREU, ERNESTINO	
STREET ADDRESS	11952 SW 136 PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CARRENO, PABLO A	
STREET ADDRESS	9321 SW 69TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ALONSO, JUAN	
STREET ADDRESS	13986 SW 181 TERR	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRERA, SILVIO R.	
STREET ADDRESS	2540 SW 92ND PLACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAVO, JORGE	
STREET ADDRESS	3501 SW 109TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUESADA, MIGUEL A	
STREET ADDRESS	6401 SW 116TH CT	
CITY-ST-ZIP	MIAMI FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Victorino F Alvarez	
STREET ADDRESS	15398 S.W. 168th St.	
CITY-ST-ZIP	Miami, FL. 33187	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Enrique B. Simon	
STREET ADDRESS	2520 SW 64th Ave	
CITY-ST-ZIP	Miami, FL. 33155	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hera Acuña	
STREET ADDRESS	533 East 18th St	
CITY-ST-ZIP	Hialeah, FL. 33013	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
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

03/14/02 (305) 596-9546
 Date Daytime Phone #

CR2E037 (9/01)