

FILED

Aug 14, 2001 8:00 am
Secretary of State

08-01-2001 90197 018 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730567

1. Entity Name

CUBAN AMERICAN BAR ASSOCIATION, INC.

Principal Place of Business

901 PONCE DE LEON #304
CORAL GABLES FL 33134
US

Mailing Address

901 PONCE DE LEON #304
CORAL GABLES FL 33134
US

2. Principal Place of Business

100 SE 2nd Street

Suite, Apt. #, etc.
Suite 3400

City & State
MIAMI, FL

Zip
33131

Country
US

3. Mailing Address

100 SE 2nd Street

Suite, Apt. #, etc.
Suite 3400

City & State
MIAMI, FL

Zip
33131

Country
US

4. FEI Number 59-2512094

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~MENDEZ, SERGIO L
901 PONCE DE LEON #304
CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name MICHAEL DIAZ, JR

Street Address (P.O. Box Number is Not Acceptable)
100 SE 2nd Street
SUITE 3400

City MIAMI FL Zip Code 33131

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]

MICHAEL DIAZ, JR

7/23/01

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 12, 2001, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO DIAZ, VICTOR 25 W FLAGLER ST 800 MIAMI FL 33130 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, EUGENIO 701 BRICKELL AVE 3000 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, CARLOS 1320 S DIXIE HWY #1000 CORAL GABLES FL 33146 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUPER, RICHARD 228N E FLAGLER ST 200 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARRERO, OSCAR 2801 PONCE DE LEON BLVD. CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDEZ, SERGIO L 901 PONCE DE LEON BLVD., STE.304 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT-ELECT D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ENA DIAZ 100 SE 2nd ST - SUITE 3400 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Jorge Mestre 201 S. Biscayne #1450 MIAMI FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHAEL DIAZ, Jr 100 SE 2nd St; suite # 3400 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Coral Lopez-Castro 200 S. Bisc. Blvd # 2800 MIAMI FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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] REQUIRE

MICHAEL DIAZ, Jr. 7/23/01

305 375-9220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)