


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

1/14/2001

01-14-2003 90052 035 ****61.25

DOCUMENT # NO1000008769			
1. Entity Name POR CUBA, INC.		Principal Place of Business 604 CRANDON BLVD STE 201 KEY BISCAIYNE FL 33149	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR 65-0616222		Apply For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOFIA POWELL-COSIO PA 1398 BROCKELL AVE STE 200 MIAMI FL 33131		7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>SOFIA POWELL-COSIO PA</u> Registered Agent		Date: <u>1-7-03</u>	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, ELIZABETH T	NAME	SYLVIA G. IRIANDO D
STREET ADDRESS	9731 SW 20 STREET	STREET ADDRESS	881 OCEAN DR
CITY-ST-ZIP	MIAMI FL 33165	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARANGO, OFELIA	NAME	ELIATARAFA
STREET ADDRESS	8962 SW 8 TERRACE	STREET ADDRESS	235 BUTTERNWOOD DR.
CITY-ST-ZIP	MIAMI FL 33174	CITY-ST-ZIP	KEY BISCAIYNE, FL 33149
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETANCOURT, MABEL	NAME	
STREET ADDRESS	881 OCEAN DRIVE #26-B	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, JULIE S	NAME	
STREET ADDRESS	150 SUNRISE DRIVE #5-C	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARANGO, MADIE	NAME	
STREET ADDRESS	10420 SW 97 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSCULLUELA, MARIA E	NAME	ILEANA PUIG D
STREET ADDRESS	2825 GRANDA BLVD #2-A	STREET ADDRESS	1121 CRANDON
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	KEY BISCAIYNE, FL 33149
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 817, 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: <u>Sylvia G. Iriando, Vice President</u>		Date: <u>1/7/03</u> <u>505-54-1000</u>	

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CHECK HERE IF MAKING CHANGES

CR2037 (10/02)

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Sylvia G. Iriando, president Director
Ileana A. Puig, vice president Director
Maria E. Cosculluela, vice president Director