

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90728 013 \*\*\*\*61.25

**DOCUMENT # N12817**



1. Entity Name  
**THE CUBAN AMERICAN BAR FOUNDATION, INC.**

Principal Place of Business  
**C/O EUGENIO HERNANDEZ  
701 BRICKELL AVENUE, STE. 3000  
MIAMI FL 33131**

Mailing Address  
**C/O MANUEL A. GARCIA-RICHMAN GREER WEILL ET  
201 S. BISCAYNE BLVD.  
MIAMI FL 33131**

2. Principal Place of Business  
**25 West Flagler Street, 800**

3. Mailing Address  
**25 West Flagler Street, 800**

Suite, Apt. #, etc.  
**800**

Suite, Apt. #, etc.  
**800**

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

Zip  
**33130**

Country  
**USA**

Zip  
**33130**

Country  
**USA**

4. FEI Number **65-0007784** Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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

**HERNANDEZ, EUGENIO  
701 BRICKELL AVENUE, SUITE 3000  
MIAMI FL 33131**

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

Name **VICTOR M. DIAZ, JR.**

Street Address (P.O. Box Number is Not Acceptable)  
**25 West Flagler Street, Suite 800**

City **Miami** **FL** Zip Code **33130**

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 *Victor M. Diaz, Jr.*  
**VICTOR M. DIAZ, JR. President**

(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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HERNANDEZ, EUGENIO 701 BRICKELL AVE. STE. 3000 MIAMI FL 33131</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ABADIN, RAMON A 9155 S. DADELAND BLVD. #1208 MIAMI FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SUAREZ, LUIS E 100 SE 2ND STREET MIAMI FL 33131</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GARCIA-LINARES, MANUEL A 201 S. BISCAYNE BLVD. MIAMI FL 33131</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MESTRE, JORGE A 201 S. BISCAYNE BLVD. #1450 MIAMI FL 33131</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DIAZ, VICTOR M JR 25 WEST FLAGLER STREET, #800 MIAMI FL 33130</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Victor M. Diaz, Jr. 25 West Flagler St, 800 Miami, FL 33130</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Ramon A. Abadin 9155 South Dadeland Blvd., 1208 Miami, FL 33156</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Ena T. Diaz 100 SE 2nd Street, 17th Floor, Miami, FL 33131</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Antonio C. Castro 100 SE 2nd Street, Suite 2800, Miami, FL 33131</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Yvette Reyes 2921 SW 27th Avenue, Miami, FL 33133</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Sandra M. Ferrera 200 S. Biscayne Blvd., Ste 3000, Miami, FL 33131</b>	<input type="checkbox"/> Change <input 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: *Victor M. Diaz, Jr.* **SIGNATURE REQUIRED**

CR2E037 (10/02)