

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90038 012 *****61.25

0008983

DOCUMENT # N17286

1. Entity Name

NATIONAL ASSOCIATION OF PEDAGOGUES OF CUBA, INC.

Principal Place of Business

Mailing Address

130 SW 32ND AVE.
C/O DR. ROLANDO ESPINOSA CARBALLO
MIAMI FL 33135-1141
US

130 SW 32ND AVE.
C/O DR. ROLANDO ESPINOSA CARBALLO
MIAMI FL 33135-1141
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

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

CARBALLO, ROLANDO ESPINOSA
130 S.W. 32ND AVENUE
MIAMI FL 33135

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
NAME PD
STREET ADDRESS CARBALLO, ROLANDO ESPINOSA
CITY-ST-ZIP 130 SW 32ND AVENUE
MIAMI FL

☐ Delete

TITLE
NAME VD
STREET ADDRESS JORCANO, DEMETRIO PEREZ
CITY-ST-ZIP 904 SW 23 AVENUE
MIAMI FL

☐ Delete

TITLE
NAME SD
STREET ADDRESS FERRER, ARMINDA MARI
CITY-ST-ZIP 611 N W 35 AVE #1
MIAMI FL

☐ Delete

TITLE
NAME TD
STREET ADDRESS GARCIA, JUANA O. LOPEZ
CITY-ST-ZIP 4350 NW 8 TERRACE
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/01

305-448-7157

CR2E037 (10/00)