

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N92000000756**

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90150 012 ****61.25

1. Entity Name
CUBAN BANKING STUDY GROUP, INC.

Principal Place of Business Mailing Address
615 HARBOR CIRCLE **615 HARBOR CIRCLE**
KEY BISCAYNE FL 33149 **KEY BISCAYNE 33149-1703**



DO NOT WRITE IN THIS SPACE

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 Applied For
65-0378834 Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, CARLOS J CPA
615 HARBOR CIRCLE
KEY BISCAYNE FL 33149

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

FILE NOW: FEE IS \$61.25 **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	CARLOS, FERNANDEZ J CPA
STREET ADDRESS	615 HARBOR CIRCLE
CITY-ST-ZIP	KEY BISCAYNE FL 33149
TITLE	D <input type="checkbox"/> Delete
NAME	BUSTILLO, OSCAR
STREET ADDRESS	615 HARBOR CIRCLE
CITY-ST-ZIP	KEY BISCAYNE FL 33149
TITLE	D/P <input type="checkbox"/> Delete
NAME	CAPABLANCA, FERNANDO A
STREET ADDRESS	615 HARBOR CIRCLE
CITY-ST-ZIP	KEY BISCAYNE FL 33149
TITLE	D/V/P <input type="checkbox"/> Delete
NAME	GARRIGO, JOSE R
STREET ADDRESS	615 HARBOR CIRCLE
CITY-ST-ZIP	KEY BISCAYNE FL 33149
TITLE	D <input type="checkbox"/> Delete
NAME	CARRILLO-SALAZAR, JORGE
STREET ADDRESS	615 HARBOR CIRCLE
CITY-ST-ZIP	KEY BISCAYNE FL 33149
TITLE	D <input type="checkbox"/> Delete
NAME	VALDES-FAULI, GONZALO R
STREET ADDRESS	615 HARBOR CIRCLE
CITY-ST-ZIP	KEY BISCAYNE FL 33149

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 REQUIRED** **FERNANDEZ** 1/8/00 305-913-2601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)