


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

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90166 032 ****70.00

DOCUMENT # **N97000004232**
1. Entity Name
CUBAN AMERICAN INSTITUTE CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1951 S.W. 62 AVE.
Suite, Apt. #, etc.

3. Mailing Address
1951 S.W. 62 AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0769684

Applied For
Not Applicable

Zip
33155 Country
USA

Zip
33155 Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MIGUEL A TUDELA

Street Address (P.O. Box Number is Not Acceptable)
1951 S.W. 62 AVE.

City
MIAMI FL Zip Code
33155

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 *X M A Tudela* **05/05/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25
Initial or Amended UBR**

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 | PD. TUDELA, MIGUEL A. 1951 S.W. 62 AVE. MIAMI, FL. 33155 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D. GONZALEZ, FELIPE 1951 S.W. 62 AVE. MIAMI, FL. 33155 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D. SALAS, MIGUEL AVE. 1951 S.W. 62 AVE. MIAMI, FL. 33155 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D. BARBA, RAFAEL 5931 S.W. 80 ST. S. MIAMI, FL 33156 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD TUDELA, DAISY 7755 S.W. 32 TR. MIAMI, FL. 33155 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D. PEREZ, GEFERINO 1862 S.W. 245 ST. MIAMI, FL. 33145 | TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *X M A Tudela* **05/05/03 (305) 264-5147**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)