

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91879 042 ****70.00

DOCUMENT # N99000000094

1. Entity Name

CUBAN INSTITUTE FOR NON-VIOLENCE, INC.



Principal Place of Business

Mailing Address

~~8150 S.W. 8TH STREET, SUITE 217~~

~~8150 S.W. 8TH STREET, SUITE 217~~

~~MIAMI FL 33175~~

~~MIAMI FL 33175~~

4545 NW 7th St #14
MIAMI, FL 33126

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. **65-0915153**

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

SANCHEZ, RAMON S
8150 S.W. 8TH ST., STE. 217
MIAMI FL 33144

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

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SANCHEZ, RAMON S | |
| STREET ADDRESS | 8150 S.W. 8TH ST., STE. 217 | |
| CITY-ST-ZIP | MIAMI FL 33175 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | DEL VALLE, NORMAN | |
| STREET ADDRESS | 8150 S.W. 8TH ST., STE. 217 | |
| CITY-ST-ZIP | MIAMI FL 33175 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | VELASCO, MILAGROS | |
| STREET ADDRESS | 8150 S.W. 8TH ST., STE. 217 | |
| CITY-ST-ZIP | MIAMI FL 33175 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | PEREZ, MERCEDES | |
| STREET ADDRESS | 8150 S.W. 8TH ST., STE. 217 | |
| CITY-ST-ZIP | MIAMI FL 33144 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SUAREZ, EMILIANO | |
| STREET ADDRESS | 8150 S.W. 8TH ST., STE. 217 | |
| CITY-ST-ZIP | MIAMI FL 33144 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4545 NW 7th St #14 | |
| CITY-ST-ZIP | MIAMI, FL 33126 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4545 NW 7th St #14 | |
| CITY-ST-ZIP | MIAMI, FL 33126 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4545 NW 7th St #14 | |
| CITY-ST-ZIP | MIAMI, FL 33126 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Mercedes Garcia | |
| STREET ADDRESS | 4545 NW 7th St #14 | |
| CITY-ST-ZIP | MIAMI, FL 33126 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4545 NW 7th St #14 | |
| CITY-ST-ZIP | MIAMI, FL 33126 | |
| 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: *Ramon Sanchez*

4/25/2003 305
264-7200

CR2E037 (10/02)