

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000120074

FILED  
Apr 21, 2003  
Secretary of State

**Entity Name:** ASOCIACION MEDICA CUBANA, INC.

**Current Principal Place of Business:**

3520 W. 18 AVE. #115  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

10305 BERMUDA DR.  
COOPER CITY, FL 33026

**New Mailing Address:**

1701 NW 123RD AVENUE  
PEMBROKE PINES, FL 33026

**FEI Number:** 26-0011639

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BASTO, JUAN  
10305 BERMUDA DR.  
COOPER CITY, FL 33026

**Name and Address of New Registered Agent:**

BASTO, JUAN  
1701 NW 123RD AVENUE  
PEMBROKE PINES, FL 33026

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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/21/2003

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BASTO, JUAN  
Address: 10305 BERMUDA DRIVE  
City-St-Zip: COOPER CITY, FL 33026

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BASTO, JUAN  
Address: 1701 NW 123RD AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN BASTO

D

04/21/2003

Electronic Signature of Signing Officer or Director

Date