

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90225 001 \*\*\*150.00

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**DOCUMENT # P98000056048**



1. Entity Name  
**SECRETARIAT OF THE COALITION FOR CUBAN CONSTITUTIONAL LEGITIMACY 1940, INC. (C. 1940 ART. 149)**

Principal Place of Business <b>5200 S.W. 8TH STREET STE. #A CORAL GABLES FL 33134</b>	Mailing Address <b>5200 S.W. 8TH STREET STE. #A CORAL GABLES FL 33134</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0845305</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**VAZQUEZ, JOSE R**  
**5200 S.W. 8TH STREET**  
**STE. #A**  
**CORAL GABLES FL 33134**

**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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CERVANTES, RAFAEL T</b>	
STREET ADDRESS	<b>3541 CHAIN BRIDGE RD. STE 7</b>	
CITY-ST-ZIP	<b>FAIRFAX VA 22030</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>RICARDO, RUBEN</b>	
STREET ADDRESS	<b>5161 COLLINS AE. APT 1701</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>VAZQUEZ, JOSE R</b>	
STREET ADDRESS	<b>5200 SW 8TH STREET STE #A</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RIQUENES, EDDY</b>	
STREET ADDRESS	<b>5910 SW 10TH STREET</b>	
CITY-ST-ZIP	<b>WEST MIAMI FL 33144</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARRILLO, FRANCISCO</b>	
STREET ADDRESS	<b>3020 N.W. FLAGLER TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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
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 607, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 5/2/03 Daytime Phone #: 305-443-0188

CR2E034 (10/02)