

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000756

1. Entity Name

CUBAN BANKING STUDY GROUP, INC.

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

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

Principal Place of Business

Mailing Address

615 HARBOR CIRCLE
KEY BISCAYNE FL 33149

615 HARBOR CIRCLE
KEY BISCAYNE 33149-1703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0378834

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	CARLOS, FERNANDEZ J CPA	
STREET ADDRESS	615 HARBOR CIRCLE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	☐ Delete
NAME	BUSTILLO, OSCAR	
STREET ADDRESS	615 HARBOR CIRCLE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D/P	☐ Delete
NAME	CAPABLANCA, FERNANDO A	
STREET ADDRESS	615 HARBOR CIRCLE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D/VP	☐ Delete
NAME	GARRIGO, JOSE R	
STREET ADDRESS	615 HARBOR CIRCLE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	☐ Delete
NAME	CARRILLO-SALAZAR, JORGE	
STREET ADDRESS	615 HARBOR CIRCLE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	☐ Delete
NAME	VALDES-FAULI, GONZALO R	
STREET ADDRESS	615 HARBOR CIRCLE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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

Date

Daytime Phone #

1/8/00

305-913-2601

CR2E037 (9/99)