

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42460

1. Entity Name

ALIANZA CUBANA INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90056 034 ****61.25

Principal Place of Business

Mailing Address

1460 N W 107TH AVENUE
 SUITE 1
 MIAMI FL 33196
 US

1460 N W 107TH AVENUE
 SUITE 1
 MIAMI FL 33172-2733
 US

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

65-0264030

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

LINARES, JOSE PEREZ
 1460 N W 107TH AVENUE
 SUITE 1
 MIAMI FL 33196

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 PD ☐ Delete
 NAME LINARES, JOSE PEREZ
 STREET ADDRESS 1460 N W 107TH AVENUE, UNIT 1
 CITY-ST-ZIP MIAMI FL 33196

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

TITLE D ☐ Delete
 NAME RIVERA, LUIS
 STREET ADDRESS 1121 SW 74TH AVE.
 CITY-ST-ZIP MIAMI FL

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

TITLE TD ☐ Delete
 NAME HECTOR, CORONA
 STREET ADDRESS 1470 NW 107TH AVE, UNIT X
 CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
 NAME ODRIOZOLA, CESAR
 STREET ADDRESS 18 SW 31 CT.
 CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
 NAME REMON, RENE
 STREET ADDRESS 850 WEST 49TH ST. #201
 CITY-ST-ZIP HIALEAH FL

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

TITLE VD ☐ Delete
 NAME QUIRCH, GUILLERMO FERN
 STREET ADDRESS 5931 SW 50TH ST.
 CITY-ST-ZIP MIAMI FL

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

305-594 4767

Date

Daytime Phone #

CR2E037 (9/99)