

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002118

1. Entity Name

MISSION: CUBA, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90015 002 \*\*\*\*61.25

Principal Place of Business

6464 CABALLERO BLVD  
CORAL GABLES FL 33146

Mailing Address

6464 CABALLERO BLVD  
CORAL GABLES FL 33146-3221

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65 0915 462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DE MENDIA, CARLOS F  
6464 CABALLERO BLVD  
CORAL GABLES FL 33146

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.

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

T ☐ Delete  
NAME PEREZ, MARCOS A  
STREET ADDRESS 747 CATALONIA  
CITY-ST-ZIP CORAL GABLES FL 33134

T ☐ Delete  
NAME DE MENDIA, CARLOS F  
STREET ADDRESS 6464 CABALLERO BLVD  
CITY-ST-ZIP CORAL GABLES FL 33146

T ☐ Delete  
NAME MENDIA, IRMA A  
STREET ADDRESS 6464 CABALLERO BLVD  
CITY-ST-ZIP CORAL GABLES FL 33146

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
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 officers empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/2000

305-667-7442

CR2F037 (9/00)