

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002232

1. Entity Name

PRESIDIO POLITICO CUBANO, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90028 045 \*\*\*\*70.00

Principal Place of Business

807 S.W. 25TH AVENUE  
 #208  
 MIAMI FL 33135

Mailing Address

807 S.W. 25TH AVENUE  
 #208  
 MIAMI FL 33135-4873

2. Principal Place of Business

807 SW 25 AV.

3. Mailing Address

807 SW 25 AV

Suite, Apt. #, etc.

SUITE #208

Suite, Apt. #, etc.

SUITE #208

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33135

Country

MIAMI-DADE

Zip

33135

Country

MIAMI-DADE

4. FEI Number

65-0660272

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, MANUEL  
 2728 SW 34 AVE  
 MIAMI FL 33133

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

TITLE PD ☐ Delete  
 NAME PATINO, FRANCISCO  
 STREET ADDRESS 1720 SW 32 CT  
 CITY-ST-ZIP MIAMI FL 33145

TITLE TD ☐ Delete  
 NAME LOPEZ, MANUL  
 STREET ADDRESS 2728 S.W. 34 AVE.  
 CITY-ST-ZIP MIAMI FL 33134

TITLE SD ☐ Delete  
 NAME PATINO, ROBERTO  
 STREET ADDRESS 8350 SW 27 LN  
 CITY-ST-ZIP MIAI FL 33155

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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 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: Manuel Lopez  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-04-00 304-644-960

Date

Daytime Phone #

CR2E037 (9/99)