NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90059 003 ****61.25

DOCUMENT # N99000002118 ✓

1. Entity Name
MISSION: CUBA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6464 CABALLERO BL	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33146 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0915462 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CARLOS F. DE MENDIA

Street Address (P.O. Box Number is Not Acceptable)
6464 CABALLERO BL

City MIAMI FL Zip Code 33146

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: CARLOS F. DE MENDIA 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P - CARLOS F. DE MENDIA 6464 CABALLERO BL MIAMI, FL 33146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARCOS A. PEREZ 808 BRICKELL Dr. - APT 3101 MIAMI, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SECRETARIO CAJAL~~ IRMA A. DE MENDIA 6464 CABALLERO, MIAMI FL 33146
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS F. DE MENDIA PRESIDENT 4/30/02 305 6677442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #