

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002232

1. Entity Name

PRESIDIO POLITICO CUBANO, INC.

FILED

May 21, 2002 8:00 am  
Secretary of State

05-21-2002 91179 005 \*\*\*\*70.00

Principal Place of Business

Mailing Address

807 S.W. 25TH AVENUE  
206  
MIAMI FL 33135

807 S.W. 25TH AVENUE  
206  
MIAMI FL 33135

00108946



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

807 SW 25 AVE

807 SW 25 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #203

SUITE #203

City & State

City & State

MIAMI FL

MIAMI FL

4. FEI Number

65-0660272

Applied For

Not Applicable

Zip

Country

Zip

Country

33135

USA

33135

USA

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

LOPEZ, MANUEL  
2728 SW 34 AVE  
MIAMI FL 33133

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL LOPEZ

04/21/02

305-644-9160

Date

Daytime Phone #

CR2E037 (9/01)