

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90109 022 ****61.25

DOCUMENT # N42460

1. Entity Name
ALIANZA CUBANA INC.



Principal Place of Business

**1460 N W 107TH AVENUE
SUITE I
MIAMI FL 33196
US**

Mailing Address

**1460 N W 107TH AVENUE
SUITE I
MIAMI FL 33196
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0264030**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 I
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	D	<input type="checkbox"/> Delete
NAME	LINARES, JOSE PEREZ	
STREET ADDRESS	1460 N W 107TH AVENUE, UNIT I	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE D	D	<input type="checkbox"/> Delete
NAME	RIVERA, LUIS	
STREET ADDRESS	1121 SW 74TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE D	D	<input type="checkbox"/> Delete
NAME	HECTOR, CORONA	
STREET ADDRESS	1470 NW 107TH AVE, UNIT X	
CITY-ST-ZIP	MIAMI FL	
TITLE D	D	<input type="checkbox"/> Delete
NAME	TONY ABAD	
STREET ADDRESS	9705 SW 214 Terrace	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE D	D	<input type="checkbox"/> Delete
NAME	REMON, RENE	
STREET ADDRESS	850 WEST 49TH ST. #201	
CITY-ST-ZIP	HALEAH FL	
TITLE SC	D	<input type="checkbox"/> Delete
NAME	QUIRCH, GUILLERMO FERN	
STREET ADDRESS	5931 SW 50TH ST.	
CITY-ST-ZIP	MIAMI FL	

TITLE PD	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICENTE LAGO	
STREET ADDRESS	1100 SW 57th Ave 2 floor	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE VP	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA ELENA VIOTA	
STREET ADDRESS	5101 SW 93 COURT	
CITY-ST-ZIP	MIAMI FLORIDA 33165	
TITLE D	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARDO VIOTA	
STREET ADDRESS	5101 SW 93 COURT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE D	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICARDO BOFILL	
STREET ADDRESS	1920 SW 13 ST.	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE D	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN GONZALEZ	
STREET ADDRESS	1781 NW 16 Terrace	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE T	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUDIO RODRIGUEZ VAZQUEZ	
STREET ADDRESS	6395 SW 24 ST	
CITY-ST-ZIP	CORAL GABLES FL 33155	

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

JOSE PEREZ LINARES 4/8/03

305-594-4767

CR2E037 (10/02)