

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004960

Entity Name: CUBAN MUSEUM, INC.**Current Principal Place of Business:**1200 CORAL WAY
MIAMI, FL 33145**Current Mailing Address:**1200 CORAL WAY
MIAMI, FL 33145 US**FEI Number:** 65-0729730**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FELIPE, MARCELL P.A.
1001 BRICKELL BAY DR STE 2730
MIAMI, FL 33131 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR
Name FELIPE, MARCELL
Address 1001 BRICKELL BAY DRIVE
SUITE 2730
City-State-Zip: MIAMI FL 33131

Title D
Name GARCIA, MARIO
Address 1200 CORAL WAY
City-State-Zip: MIAMI FL 33145

Title DIRECTOR
Name MASVIDAL, RAUL
Address 1200 CORAL WAY
City-State-Zip: MIAMI FL 33145

Title D
Name MORENO, ALEJANDRA
Address 1200 CORAL WAY
City-State-Zip: MIAMI FL 33145

Title T,D
Name HERNANDEZ, NELSON
Address 1200 CORAL WAY
City-State-Zip: MIAMI FL 33145

Title DIRECTOR
Name TUNDIDOR, JESUS
Address 1200 CORAL WAY
City-State-Zip: MIAMI FL 33145

Title D
Name COSSIO, MIGUEL
Address 1200 CORAL WAY
City-State-Zip: MIAMI FL 33145

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARCELL FELIPE**CHAIRMAN****03/18/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date