

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702057

1. Entity Name

CONFEDERACION DE TRABAJADORES DE CUBA DELEGACION

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90257 001 ****61.25

Principal Place of Business

821 N.W. 40 AVENUE
MIAMI FL 33126

Mailing Address

821 N.W. 40 AVENUE
MIAMI FL 33126

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

VALERIO, ALFONSO
617 WEST 136TH AVENUE
MIAMI FL 33182

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 | S | <input type="checkbox"/> Delete |
| NAME | GUTIERREZ, ARSENIO | |
| STREET ADDRESS | 7425 SW 39TH TERR | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | POMAR, FACUNDO | |
| STREET ADDRESS | 3383 N.W. 7 ST., #210 | |
| CITY-ST-ZIP | MIAMI FL 33125 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RAQUEL, GARCIA VALLADARE | |
| STREET ADDRESS | 2870 NW 18TH AVE APT 5C | |
| CITY-ST-ZIP | MIAMI FL 33142 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | LLUCH, CARLOS | |
| STREET ADDRESS | 821 N W 40 AVE | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | PEDROSO, CLARO | |
| STREET ADDRESS | 3561 NW 19TH ST | |
| CITY-ST-ZIP | MIAMI FL 33125 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | VALERIO, ALFONSO | |
| STREET ADDRESS | 617 W 136TH AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33182 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 authority like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)