

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90083 045 \*\*\*\*70.00

**DOCUMENT # 702057**

1. Entity Name

**CONFEDERACION DE TRABAJADORES DE CUBA DELEGACION DE MIAMI, (CDTCDM), INC.**

Principal Place of Business

Mailing Address

**821 N.W. 40 AVENUE  
 MIAMI FL 33126**

**821 N.W. 40 AVENUE  
 MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT-APPLICABLE**

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

**VALERIO, ALFONSO  
 617 WEST 136TH AVENUE  
 MIAMI FL 33182**

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ERNESTO PADRON</b>	
STREET ADDRESS	<b>16515 Dunoon CT</b>	
CITY-ST-ZIP	<b>Miami Lakes, FL 33014</b>	
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 all other like empowered.

**SIGNATURE:**

*Valerio Alfonso*

02-20-02 (305) 541-5476

CR2E037 (9/01)