2000 UNIFORM BUSINESS REPORT (UBR)

ACTIVITY OF THE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

FILED **DOCUMENT # 704687** Feb 20, 2000 8:00 am 1. Entity Name **Secretary of State** THE NATIONAL JOURNALISTS' ASSOCIATION OF CUBA IN 02-20-2000 90014 004 ****61.25 Principal Place of Business Mailing Address 900 S.W. 1ST STREET 900 S.W. 1ST STREET 2ND FLOOR 2ND FLOOR MIAMI FL 33130 MIAMI FL 33130-1156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1753963 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUIS MARSANS. Street Address (P.O. Box Number is Not Acceptable) ·DEL PINO, ARTURO -1245 S.W. 5 ST. #T -MIAMI FL 33135 DECEASED 33°25 hits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entity § SIGNATURE (NOTE: Registered Agent signature required when reinstating) Stanature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE MARSANS, LUIS FELIPE NAME NAME STREET ADDRESS 3085 NW 4TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33125 Change Addition ☐ Delete TITLE TITLE NAME NAME HERNANDEZ, MAURICIO STREET ADDRESS STREET ADDRESS 1809 BRICKELL AVE. APT. 211 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 MARSANS, LUIS FELIPE &Change Addition TITLE TITLE Delete DS 3085 NW Ath Street NAME NAME DEL PINO, ARTURO STREET ADDRESS STREET ADDRESS 1245 S.W. 5TH ST. 33125 MAMI CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 disterementation as required 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 attachr with all other like empowered.