

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713305

1. Entity Name

CLUB CUBANO AMERICANO OF JACKSONVILLE, INC.

Principal Place of Business

5110 LOURCEY RD
PO BOX 47233
JACKSONVILLE FL 32257
US

Mailing Address

P.O. BOX 56503
PO BOX 47233
JACKSONVILLE FL 32241-6503
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1399005

Applied For

Not Applicable

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

GRANADOS, MANUEL
2527 WOODFERN LN
JACKSONVILLE FL 32223

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	P	<input type="checkbox"/> Delete
NAME	GRANADOS, MANUEL	
STREET ADDRESS	2527 WOODFERN LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COSSIO, MIGUEL	
STREET ADDRESS	1219 PINE CIRCLE	
CITY-ST-ZIP	MACLENNY FL 32063	
TITLE	T	<input type="checkbox"/> Delete
NAME	CASTRO, JULIA	
STREET ADDRESS	11464 HALETHORPE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input type="checkbox"/> Delete
NAME	ECHEVARRIA, JOSE	
STREET ADDRESS	685 BOX BRANCH CIR	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANTIAGO, MARTI	
STREET ADDRESS	7815 HUNTER GROVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REYES, ANGELA	
STREET ADDRESS	9979 DOVEFALL DR. E.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MARCOS COLINA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	11407 SCOTT MILL RD	
STREET ADDRESS	JAX, FL 32223	
CITY-ST-ZIP		
TITLE	G. ROBERTO ANDRADA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6628 NIGHTINGALE RDS	
STREET ADDRESS	JAX, FL 32216	
CITY-ST-ZIP		
TITLE	VICTOR HERRERA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2931 STONEHURST # 296	
STREET ADDRESS	JAX, FL 32207	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90428 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)