

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 715390

1. Entity Name
CUBAN WOMEN'S CLUB, INC.



Principal Place of Business
1770 WEST FLAGLER ST.
SUITE 3
MIAMI, FL 33135 US

Mailing Address
PO BOX 140133
CORAL GABLES, FL 33114 US

FILED
07 SEP 17 PM 2:45
CLERK OF STATE
TALLAHASSEE, FLORIDA



09062007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
2320 S.W. 57 Avenue

3. Mailing Address
2320 S.W. 57 Avenue

Suite, Apt. #, etc.
Suite 202

Suite, Apt. #, etc.
Suite 202

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
59-1236064

Applied For
☐ Not Applicable

Zip
33155

Country
U.S.A.

Zip
33155

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, AMANDA
1770 W. FLAGLER ST.
#3
MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name
Grisel Ybarra
Street Address (P.O. Box Number is Not Acceptable)
2320 S.W. 57 Avenue
Suite 202
City
Miami FL Zip Code
33155

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Grisel Ybarra**

Signature, typed or printed name of registered agent and title if applicable.

[Handwritten Signature]

(NOTE: Registered Agent signature required when reinstating)

9/4/07

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME MACNAMARA, CARIDAD
STREET ADDRESS 66 VALENCIA #202
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VPD ☒ Delete
NAME BARNARD, ELA
STREET ADDRESS 8720 SW 103RD AVE
CITY-ST-ZIP MIAMI, FL 33173

TITLE T ☒ Delete
NAME HUERTAS, NORKI
STREET ADDRESS 6780 SW 26 TERRACE
CITY-ST-ZIP MIAMI, FL 33155

TITLE CS ☐ Delete
NAME GARCIA, BERTHA DDS
STREET ADDRESS 5033 NW 7 STREET #608
CITY-ST-ZIP MIAMI, FL 33126

TITLE VT ☐ Delete
NAME BUDIHAS, IDALIA
STREET ADDRESS 409 GERONA AVE
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE S ☒ Delete
NAME SUAREZ, AMANDA
STREET ADDRESS 11938 SW 72 TERRACE
CITY-ST-ZIP MIAMI, FL 33183

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **Grisel Ybarra**
STREET ADDRESS **2320 S.W. 57 Avenue, Suite 201**
CITY-ST-ZIP **Miami, Florida 33155**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/07

Date

(305) 261-4400

Daytime Phone #