

FILED
May 27, 2003 8:00 am
Secretary of State

05-01-2003 90394 038 ****70.00

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 715390

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



DO NOT WRITE IN THIS SPACE

55043947

2. Principal Place of Business
1629 W. FLAGLER ST.
Suite, Apt. #, etc.
Apt. 3
City & State
Miami, FL
Zip
33145
Country
US

3. Mailing Address
P.O. Box 140133
Suite, Apt. #, etc.
City & State
Coral Gables, FL
Zip
33114
Country
US

DO NOT WRITE IN THIS SPACE

4. FEI Number
591236064
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Dolores E. Rovirosa
Street Address (P.O. Box Number is Not Acceptable)
1809 Brickell Ave., Apt. 1012
City
Miami
FL
Zip Code
33129

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 Dolores Rovirosa, Recording Secretary #/26/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

FEES \$8.75
Initial or Amended UBR

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	NAME	STREET ADDRESS	CITY-STATE-ZIP
President	Lyllia Aloma (D)	5851 SW 38 St.	Miami, FL 33155
President	Candida Macnamara (D)	66 Valencia, #202	Coral Gables, FL 33134
Vice-President	Gloria Por (D)	5330 NW 114 Ave. #208	Miami, FL 33178
Recording Secretary	Dolores E. Rovirosa	1809 Brickell Ave., #1012	Miami, FL 33129
Treasurer	Armandac Suarez	11938 SW 72 Terrace	Miami, FL 33182
Correspondence Secretary	Onelia Celda	8860 SW 18 Ter.	Miami, FL 33165

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dolores Rovirosa Dolores E. Rovirosa #/26/03 (25) 856-5190
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2037B (12/02)