

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718678

1. Entity Name

CUBAN MEDICAL ASSOCIATION CONGRESS, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90031 042 ****61.25

0037444

Principal Place of Business

814 PONCE DE LEON BLVD
STE 307
CORAL GABLES FL 33134
US

Mailing Address

P O BOX 141016
P O BOX 141016
CORAL GABLES FL 33114-1016
US

00036503



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2263309

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

HUERTAS, ENRIQUE
814 PONCE DE LEON BLVD
STE 307
CORAL GABLES FL 33134

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PD	HUERTAS, ENRIQUE	3121 NW 4 STREET MIAMI, FL 00000	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	FONSECA, DENIO O	5409 RIVIERA DR CORAL GABLES, FL 00000	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	NESTOR, C GUATY	1820 SW 102 AVE MIAMI, FL 00000	<input checked="" type="checkbox"/>		D	BAEZ, RAMON	1811 COLUMBUS AVENUE CORAL GABLES, FL.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	TD	FEAL MARCELINO E	410 SW 27TH RD MIAMI, FL 00000	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)