

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718679

1. Entity Name

CUBAN AMERICAN MEDICAL ASSOCIATION, INC.

FILED

Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90093 006 \*\*\*\*61.25

Principal Place of Business

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

Mailing Address

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

00030430



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

NOT APPLICABLE

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 PD  
NAME HUERTAS, ENRIQUE  
STREET ADDRESS 3121 NW 4TH ST.  
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE TD  
NAME MARCELINOE, FEAL  
STREET ADDRESS 410 SW-27 RD  
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE SD  
NAME GUATY, NESTOR C  
STREET ADDRESS 1820 SW 102 AVE.  
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE D  
NAME BAEZ, RAMON  
STREET ADDRESS 1811 COLUMBUS AVENUE  
CITY-ST-ZIP CORAL GABLES, FL ☒ Change ☐ Addition

TITLE D  
NAME FONSECA, DENIO O  
STREET ADDRESS 5409 RIVIERA DR  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 #

04-09-01

CR2E037 (10/00)