

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90052 049 \*\*\*\*61.25

**DOCUMENT # 718969**

1. Entity Name

**ASSOCIATION OF CUBAN ENGINEERS, INC.**

Principal Place of Business

Mailing Address

**P.O. BOX 557575  
MIAMI FL 33255-7575**

**P.O. BOX 557575  
MIAMI FL 33255-7575**

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

**59-6245455**

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

**RODRIGUEZ, JACINTO  
14251 SW 18 STREET  
MIAMI FL 33175**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>SANCHEZ, ROBERT</b><br><b>911 SISTINA AVENUE</b><br><b>MIAMI FL 33146</b>          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BECERRA-FERNANDEZ, IRMA</b><br><b>10901 SW 120 STREET</b><br><b>MIAMI FL 33176</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>RODRIGUEZ, JACINTO</b><br><b>14251 SW 18TH ST</b><br><b>MIAMI FL 33175</b>         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LABARTA, FRANK</b><br><b>1190 ROBIN AVENUE</b><br><b>MIAMI FL 33166</b>            | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>ACOSTA, MICHAEL</b><br><b>11888 SW 72 TERRACE</b><br><b>MIAMI FL 33186</b>         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>CHOY, ANTONIO</b><br><b>11821 SW 94TH ST</b><br><b>MIAMI FL 33186</b>              | <input type="checkbox"/> Delete            |

|                                                |                                                                                                 |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>FIGUEROA, LUIS E</b><br><b>13111 SW 55E</b><br><b>MIAMI, FL 33184</b>            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VT</b><br><b>SANCHEZ, RODOLFO R.</b><br><b>8100 SW 89 Terr</b><br><b>MIAMI, FL 33156</b>     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ROSE, JACK</b><br><b>8486 SW 34 Terr</b><br><b>MIAMI, FL 33145</b>               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>PLA, MARIO</b><br><b>7350 SW 75 Ave</b><br><b>MIAMI, FL 33143</b>                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VS</b><br><b>SANCHEZ, GONZALO</b><br><b>3301 MONEGRO ST</b><br><b>CORAL GABLES, FL 33184</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Jacinto Rodriguez* **JACINTO RODRIGUEZ**  
**PRESIDENT** **2-10-02** **(305-553-4750)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)