

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90055 006 ****61.25

DOCUMENT # 725287

1. Entity Name

NATIONAL ASSOCIATION OF AGRONOMIC AND SUGAR ENGINEERS OF CUBA IN EXILE, INC.

Principal Place of Business

6401-D SW 116 CT
 MIAMI FL 33173-1735

Mailing Address

C/O RAMON GOMEZ, CPA
 782 NW 42 AVE. SUITE 447
 MIAMI FL 33126
 US

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

59-2439182

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

QUESADA, MIGUEL A.
6401 SW 116 CT
MIAMI FL FL 33173

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 **P** ☒ Delete
 NAME **ABREU, ERNESTINO**
 STREET ADDRESS **11952 SW 136 PLACE**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **P** ☒ Change ☐ Addition
 NAME **Victorino F Alvarez**
 STREET ADDRESS **15398 S.W. 168th St.**
 CITY-ST-ZIP **Miami, FL 33187**

TITLE **T** ☒ Delete
 NAME **CARRENO, PABLO A**
 STREET ADDRESS **9321 SW 69TH ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☒ Change ☐ Addition
 NAME **Enrique B. Simon**
 STREET ADDRESS **2520 SW 64th Ave**
 CITY-ST-ZIP **Miami, FL 33155**

TITLE **S** ☒ Delete
 NAME **ALONSO, JUAN**
 STREET ADDRESS **13986 SW 181 TERR**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE **S** ☒ Change ☐ Addition
 NAME **Hera Acuña**
 STREET ADDRESS **533 East 18th St**
 CITY-ST-ZIP **Hialeah, FL 33013**

TITLE **D** ☐ Delete
 NAME **HERRERA, SILVIO R.**
 STREET ADDRESS **2540 SW 92ND PLACE**
 CITY-ST-ZIP **MIAMI FL 33165**

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

TITLE **D** ☐ Delete
 NAME **BRAVO, JORGE**
 STREET ADDRESS **3501 SW 109TH AVE**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
 NAME **QUESADA, MIGUEL A**
 STREET ADDRESS **6401 SW 116TH CT**
 CITY-ST-ZIP **MIAMI FL**

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/02 (305) 596-9546
 Date Daytime Phone #

CR2E037 (9/01)