

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90055 037 ****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**

90015484



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **VICTORINO, ALVAREZ F**
STREET ADDRESS **15398 SW 168TH ST**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE **P** ☒ Change ☐ Addition
NAME **Carlos Balardi**
STREET ADDRESS **7741 S.W. 18th Terrace**
CITY-ST-ZIP **Miami, FL - 33155**

TITLE **T** ☐ Delete
NAME **ENRIQUE, SIMON B**
STREET ADDRESS **2520 SW 64TH AVE**
CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE **S** ☐ Delete
NAME **HERA, ACUNA**
STREET ADDRESS **533 EAST 18TH ST**
CITY-ST-ZIP **HIALEAH FL 33013**

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **Pablo A. Carreño**
STREET ADDRESS **9321 SW 69th St.**
CITY-ST-ZIP **Miami, FL 33173**

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

TITLE ☐ Change ☐ Addition
NAME
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
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: **Pablo A. Carreño**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03 (305) 596-9541

CR2E037 (10/02)