

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

210103 90727 010 6125 0007521

DOCUMENT # 730567

1. Entity Name

CUBAN AMERICAN BAR ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 19 AM 8:00

Principal Place of Business

701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131
US

Mailing Address

701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131
US

2. Principal Place of Business

25 W. Flagler St.
Suite, Apt. #, etc.
800

City & State

Miami, FL

Zip

33130

Country

USA

3. Mailing Address

25 W. Flagler St.
Suite, Apt. #, etc.
800

City & State

Miami, FL

Zip

33130

Country

USA



03/10/03 CHECK HERE IF MAKING CHANGES
90727 010 6125

4. FEI Number 59-2512094

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, EUGENIO
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: Victor M. Diaz
Street Address (P.O. Box Number is Not Acceptable):
25 W. Flagler St.
Suite 800
City: Miami FL Zip Code: 33130

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 9/3/03

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DIAZ, VICTOR M	
STREET ADDRESS	25 W FLAGLER ST 800	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, EUGENIO	
STREET ADDRESS	701 BRICKELL AVE 3000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SUAREZ, LUIS E	
STREET ADDRESS	100 SE 2ND ST STE 2800	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MESTRE, JORGE	
STREET ADDRESS	201 S BISCAYNE #1450	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GARCIA LINARES, MANUEL	
STREET ADDRESS	201 S. BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ABADIN, RAMON A	
STREET ADDRESS	28 WEST FLAGLER STREET #600	
CITY-ST-ZIP	MIAMI FL 33131	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President elect / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ram Abadin	
STREET ADDRESS	25 W. Flagler St - Suite 800	
CITY-ST-ZIP	Miami FL 33130	
TITLE	Vice President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Antonio C. Castro	
STREET ADDRESS	25 W. Flagler St - Suite 800	
CITY-ST-ZIP	Miami FL 33130	
TITLE	Vice President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Era T. Diaz	
STREET ADDRESS	25 W. Flagler Street - Suite 800	
CITY-ST-ZIP	Miami FL 33130	
TITLE	Treasurer / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yette B. Reyes	
STREET ADDRESS	25 W. Flagler St. Suite 800	
CITY-ST-ZIP	Miami FL 33130	
TITLE	Secretary / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra M. Herrera	
STREET ADDRESS	25 W. Flagler St. Suite 800	
CITY-ST-ZIP	Miami FL 33130	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 an officer like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President - Registered Agent 9/15/03 305-358-2800
Secretary 9/15/03 305-258-6262

CR2E037 (4/03)