

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90062 020 ****61.25

DOCUMENT # 732234

1. Entity Name

CIRCULO NAVAL CUBANO, INC.



Principal Place of Business

**451212 SHENANDOAH STA
MIAMI FL 33245-8212**

Mailing Address

**451212 SHENANDOAH STA
MIAMI FL 33245-8212**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**DRIGGS, GUILLERMO
2975 S.W. 18TH STREET
MIAMI FL 33145**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
NAME **LLANERAS, ROBERTO**
STREET ADDRESS **7910 N W 173RD ST**
CITY-ST-ZIP **MIAMI FL 33016**

TITLE **V** ☐ Delete
NAME **PINO, LUIS**
STREET ADDRESS **7741 S.W. 21ST ST.**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **TD** ☐ Delete
NAME **SANCHEZ, ROBERTO**
STREET ADDRESS **3881 N.W. 1ST ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ Delete
NAME **MARTINEZ, CARLOS**
STREET ADDRESS **12471 SW 23RD TERR**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **LLANERAS ROBERTO**
STREET ADDRESS **7910 N.W. 173RD ST.**
CITY-ST-ZIP **MIAMI, FL 33016**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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: **Roberto Sanchez**

3/10/03 (305) 649-4488

CR2E037 (10/02)