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

FILED

02 OCT -7 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732548

1. Entity Name

CUBAN EXILE ASSOCIATION OF PROFESORS AND GRADUATES.-

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 126575
Suite, Apt. #, etc.
City & State
HIALEAH, FL 33012
Zip
Country
U.S.A.

3. Mailing Address
P.O. Box 126575
Suite, Apt. #, etc.
City & State
HIALEAH, FL 33012
Zip
Country
U.S.A.

2002 AMENDED

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
HUGO ARZA
Street Address (P.O. Box Number is Not Acceptable)
12800 SW 47th Street
City
MIAMI
FL
Zip Code
33175

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

FEE IS $61.25
Initial or Amended UBR

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JOSE URDA 1620 W 6th Avenue Hialeah, FL 33010
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT Ramon Norniella 1018 NW 2nd Avenue Miami, FL 33128
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARIO Joaquin Sebastian 1345 Lincoln Road # 903 Miami Beach, FL 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-SECRETARY Georgina Dominguez 13260 SW 17th Lane # 3 Miami, FL 33175
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER Efrain Urquiza 9895 SW 1st Terrace Miami, FL 33174
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-TREASURER Hugo Arza 12800 SW 47th Street Miami, FL 33175

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300100184542 78 -10/18/02-01085-005 *****61.25 *****61.25
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jose Urda 10-01-02 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #