

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735340

1. Entity Name

LITTLE HAVANA DEVELOPMENT AUTHORITY, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90021 001 ****61.25

Principal Place of Business

Mailing Address

970 SW 1ST ST.
STE 408
MIAMI FL 33130
US

970 S.W. 1 STREET
#408
MIAMI FL 33130-1100
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1874688

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SABINES, LUIS
1417 W. FLAGLER STREET
MIAMI FL 33135

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:
FEES 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	SABINES, LUIS	NAME	
STREET ADDRESS	1417 W. FLAGLER ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VTD	TITLE	
NAME	CASTRO-MOLLEDA, WALDO	NAME	
STREET ADDRESS	1417 W FLAGLER STR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	CALLEJA, RAFAEL	NAME	
STREET ADDRESS	8426 S.W. 143 AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	ALEXANDER, WILLIAM	NAME	
STREET ADDRESS	13601 S.W. 103 AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	NARANJO, ORLANDO	NAME	
STREET ADDRESS	1650 SW 17 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VSD	TITLE	
NAME	ANDERSSON, CARL	NAME	
STREET ADDRESS	1902 SW 8 STR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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:

Signature of Luis Sabines

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)