

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90033 042 ****61.25

DOCUMENT # 741174

1. Entity Name

GRAN LOGIA DE CUBA A.L. & A.M., INC.

Principal Place of Business

Mailing Address

**910 NW 22ND AVE
 MIAMI FL 33125**

**910 NW 22ND AVE
 MIAMI FL 33125**

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

59-1795407

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALAS-AMARO, ARMANDO
 534 S.W. 68 AVE.
 MIAMI FL FL 33056**

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: FEE 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

TITLE **SD** Delete
 NAME **GUTIERREZ, BENIGNO J**
 STREET ADDRESS **910 NW 22 AV**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **SD** Change Addition
 NAME **GORDILLO, ROLANDO N.**
 STREET ADDRESS **910 NW 22 AVE**
 CITY-ST-ZIP **MIAMI, FL. 33125**

TITLE **TD** Delete
 NAME **INCERA, JOSEANTONIO**
 STREET ADDRESS **9545 SW 45 ST**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE **TD** Change Addition
 NAME **CANGAS, JOSE ANTONIO**
 STREET ADDRESS **910 NW 22 AVE**
 CITY-ST-ZIP **MIAMI, FL. 33125**

TITLE **PD** Delete
 NAME **DIAZ, ARMANDO I.**
 STREET ADDRESS **142 NW 35 AV**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **PD** Change Addition
 NAME **SANCHEZ, PABLO**
 STREET ADDRESS **910 NW 22 AVE**
 CITY-ST-ZIP **MIAMI, FL. 33125**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *[Signature]* **ANTONIO CANGAS** 4/13/02 305-266-8559

CR2E037 (9/01)