

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759348
Entity Name
ASOCIACION DE CAZADORES CUBANOS, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90177 013 ****61.25

Principal Place of Business
S.W. MILLER DR
FL 33155

Mailing Address
7300 S.W. MILLER DR
MIAMI FL 33155-5504

80019338



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2205179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ARANGO, FRANZ A
7300 S.W. MILLER DR
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 U/A DATE 2-5-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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0. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD SOLARES, ALBERTO	TITLE	
NAME	7625 NW 54TH ST.	NAME	
STREET ADDRESS	MIAMI FL 33166	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD ALEXANDER, JOHN	TITLE	
NAME	5825 SW 99 TERR.	NAME	
STREET ADDRESS	MIAMI FL 33156	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD ARANGO, FRANZ	TITLE	
NAME	7300 S.W. MILLER DR	NAME	
STREET ADDRESS	MIAMI FL 33155	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD SUAREZ, MIGUEL	TITLE	
NAME	3301 S.W. 110 CT	NAME	
STREET ADDRESS	MIAMI FL 33165	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

2. 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] DATE: 2-5-00 (305) 663-8678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)