

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

0040377

**DOCUMENT # 761051**

1. Entity Name

**THE CUBAN OPHTHALMOLOGICAL SOCIETY IN EXILE INC.**

04-03-2001 90034 041 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

**% JUAN B. HERNANDEZ FALCON**  
**1673 SW 27TH AVE**  
**MIAMI FL 33145**

**% JUAN B. HERNANDEZ FALCON**  
**1673 SW 27TH AVE**  
**MIAMI FL 33145**

00031010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1096915**

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

**HERNANDEZ, FALCON, JUAN B.**  
**1673 SW 27TH AVENUE**  
**MIAMI FL 33145**

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)

**3/24/2001**  
 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 **PD** ☐ Delete  
 NAME **EDUARDO, ALFONSO M**  
 STREET ADDRESS **900 N.W. 17TH STREET**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **HERNANDEZ-FALCON, JUAN B**  
 STREET ADDRESS **1673 SW 27TH AVE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD** ☐ Delete  
 NAME **IGLESIAS, MANUEL R.,MD**  
 STREET ADDRESS **822 MARIETTA AVENUE**  
 CITY-ST-ZIP **LANCASTER PA**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 NAME  
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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:

*Juan B Hernandez Falcon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/24/2001**

3015 2500 7673

CR2E037 (10/00)