

FILED
Jun 18, 2002 8:00 am
Secretary of State
04-30-2002 90058 007 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761051
1. Entity Name
THE CUBAN OPHTHALMOLOGICAL SOCIETY IN EXILE INC.

Principal Place of Business Mailing Address
% JUAN B. HERNANDEZ FALCON **% JUAN B. HERNANDEZ FALCON**
1673 SW 27TH AVE **1673 SW 27TH AVE**
MIAMI FL 33145 **MIAMI FL 33145**

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



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-1096915 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HERNANDEZ, FALCON, JUAN B.
1673 SW 27TH AVENUE
MIAMI FL 33145

7. Name and Address of New Registered Agent
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: *Juan B Hernandez Falcon MD* **4/5/2002**
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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees** **Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	EDUARDO ALFONSO M
STREET ADDRESS	900 N.W. 17TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> Delete
NAME	VD HERNANDEZ-FALCON, JUAN B
STREET ADDRESS	1673 SW 27TH AVE
CITY-ST-ZIP	MIAMI FL 33145
TITLE	<input type="checkbox"/> Delete
NAME	STD IGLESIAS, MANUEL R., MD
STREET ADDRESS	822 MARIETTA AVENUE
CITY-ST-ZIP	LANCASTER PA 17603
TITLE	<input type="checkbox"/> Delete
NAME	President: Alejandra M. Piniella MD
STREET ADDRESS	1385 Coralway Suite 304
CITY-ST-ZIP	Miami FL 33145
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 MD* **4/5/2002**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (8/01)