

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770727

1. Entity Name

CUBAN MEDICAL ASSOCIATION, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90018 017 ****61.25

Principal Place of Business
814 PONCE DE LEON BLVD
SUITE 307
CORAL GABLES FL 33134
US

Mailing Address
P O BOX 141016
811 PONCE DE LEON BLVD (POBOX 141016)
CORAL GABLES FL 33114-1016
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2328450

Applied For

Not Applicable

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

HUERTAS, ENRIQUE, M.D.
814 PONCE DE LEON BLVD
SUITE 307
CORAL GABLES FL 33134

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 PD ☐ Delete
NAME HUERTAS, DR. ENRIQUE
STREET ADDRESS 3121 N.W. 4TH STREET
CITY-ST-ZIP MIAMI FL

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

TITLE VD ☐ Delete
NAME FONSECA, DR. DENIO O.
STREET ADDRESS 5409 RIVIERA DRIVE
CITY-ST-ZIP CORAL GABLES FL

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

TITLE TD ☐ Delete
NAME FEAL MARCELINO E.
STREET ADDRESS 410 SW 27TH RD
CITY-ST-ZIP MIAMI FL

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

TITLE SD ☐ Delete
NAME GUATY, DR. NESTOR C.
STREET ADDRESS 1820 S.W. 102ND AVENUE
CITY-ST-ZIP MIAMI FL

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/00 (305) 446-9902
Date Daytime Phone #

CR2E037 (9/99)