

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90141 032 ****70.00

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1. Entity Name

CITIZENS FOR LIBERTY IN CUBA, INC.



Principal Place of Business

**5315 LEE HIGHWAY
ARLINGTON VA 22207**

Mailing Address

**155 SW 57 AVE.
MIAMI FL 33144**

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 **54-2003328**

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

**MURAI WALD BIONDO & MORENO, P.A.
25 S.E. 2ND AVE.
SUITE 900
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	PIEDRA, LINO J	
STREET ADDRESS	3500 IDAHO AVE. NW	
CITY-ST-ZIP	WASHINGTON DC 20016	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ORLANDO P	
STREET ADDRESS	13902 DENNELL LANE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CUTILLAS, MANUEL JORGE	
STREET ADDRESS	P.O BOX N4880	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GRIESINGER, KATHRYN J	
STREET ADDRESS	3500 IDAHO AVE. N.W.	
CITY-ST-ZIP	WASHINGTON DC 20016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEOPOLDO FERNANDEZ PUJALS	
STREET ADDRESS	5065 WATER DRIVER P.O. BOX N-7776242	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAURICIO CLAVER. CARON	
STREET ADDRESS	10400 20TH STREET N.W. #814	
CITY-ST-ZIP	WASHINGTON, DC 20006	
TITLE	TREASURER / SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUS MACHADO	
STREET ADDRESS	1200 W. 49 ST.	
CITY-ST-ZIP	MIAMI, FL 33012	
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)(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: GUS MACHADO

1/30/03 (305) 820-2525

CR2E037 (10/02)