

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

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

02-03-2003 90141 033 \*\*\*\*70.00

**DOCUMENT # F01000006137**

**1. Entity Name**  
**CUBALIBERTAD, INC.**



**Principal Place of Business**  
**5315 LEE HIGHWAY**  
**ARLINGTON VA 22207**

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

**22000363**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 54-2003332**

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**

**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** PD ☐ Delete  
**NAME** FERNANDEZ PUJALS, LEOPOLDO  
**STREET ADDRESS** EDGEWATER DRIVE P.O. BOX N-7776242  
**CITY-ST-ZIP** NASSAU, BAHAMAS

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

**TITLE** D ☒ Delete  
**NAME** RODRIGUEZ, ORLANDO P  
**STREET ADDRESS** 13902 DENNELL LANE  
**CITY-ST-ZIP** TAMPA FL 33624

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

**TITLE** D ☒ Delete  
**NAME** PIEDRA, LINO J  
**STREET ADDRESS** 3500 IDAHO AVE. NW  
**CITY-ST-ZIP** WASHINGTON DC 20016

**TITLE** Director ☐ Change ☒ Addition  
**NAME** MAURICIO CLAVAR-CARONG  
**STREET ADDRESS** 10400 20th Street N.W. #814  
**CITY-ST-ZIP** WASHINGTON, DC 20036

**TITLE** T ☒ Delete  
**NAME** GRIESINGER, KATHRYN J  
**STREET ADDRESS** 3500 IDAHO AVE. N.W.  
**CITY-ST-ZIP** WASHINGTON DC 20016

**TITLE** Treasurer / Secretary ☐ Change ☒ Addition  
**NAME** GUS MACHADO  
**STREET ADDRESS** 1200 W. 49 Street  
**CITY-ST-ZIP** HIALEAH, FL 33012

**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:**

**S. G. GRIESEN** **GUS MACHADO**

**1/30/03**

**(305)**

**820-2525**

CR2E037 (10/02)