

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000634

1. Entity Name

CENTER FOR CUBAN-CARIBBEAN SOCIO-ECONOMIC STUDIES INC.

Principal Place of Business

Mailing Address

IGNACIO G. ZULUETA, ESQ.
6255 BIRD ROAD
MIAMI FL 33155

IGNACIO G. ZULUETA, ESQ.
6255 BIRD ROAD
MIAMI FL 33155

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

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

ZULUETA, IGNACIO G ESQ.
6255 BIRD ROAD
MIAMI FL 33155

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ZULUETA, FERNANDO
212 S.W. 20TH ROAD
MIAMI FL 33129

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LOPEZ-SILVERO, JOSE E
9682 FONTAINEBLEAU BLVD., #404
MIAMI FL 33172

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GASTON, CARLOS E
1825 COUNTRY CLUB PARK
CORAL GABLES FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BLANCO, RAMIRO
329 ALEDO AVENUE
CORAL GABLES FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
FALCON, PRISCILIANO
935 S.W. 30TH AVENUE, APT. 27
MIAMI FL 33135

☐ Delete

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IGNACIO G. ZULUETA, ESQ. DIRECTOR

Date

Daytime Phone #

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-13-2002 90260 036 ****61.25

92806



DO NOT WRITE IN THIS SPACE

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