

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

DOCUMENT # 000000001027
1. Entity Name

New Generation Cuba, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1036 NW 32 pl
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 347673
Suite, Apt. #, etc.

City & State
Miami FL
Zip
33125
Country
USA

City & State
Coral Gables, FL
Zip
33234
Country
USA

4. FEI Number
56-229-1053
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Bettina Rodriguez Acuilera
Street Address (P.O. Box Number is Not Acceptable)
1036 NW 32pl.
City
Miami, FL
Zip Code
33125

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)

9-26-02
DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE P NAME Bettina Rodriguez Acuilera STREET ADDRESS 1036 NW 32 pl CITY-ST-ZIP Miami, FL 33125	TITLE D NAME Bettina Rodriguez Acuilera STREET ADDRESS 1036 NW 32 pl CITY-ST-ZIP Miami, FL 33125	1000008171621--8 10/03/02--01021--008 *****61.25 *****61.25
TITLE VP NAME Armando Fana STREET ADDRESS 3608 W. Bell dr. CITY-ST-ZIP Davie, FL 33328	TITLE D NAME Armando Fana STREET ADDRESS 3608 W. Bell dr. CITY-ST-ZIP Davie, FL 33328	DO NOT WRITE IN THIS SPACE
TITLE D NAME Ahmed Yamil Martel STREET ADDRESS 120 SW 17 ct. CITY-ST-ZIP Miami, FL	TITLE D NAME Ahmed Yamil Martel STREET ADDRESS 120 SW 17 ct. CITY-ST-ZIP Miami, FL	DO NOT WRITE IN THIS SPACE
TITLE D NAME Betty Inclan STREET ADDRESS 1036 NW 32pl. CITY-ST-ZIP Miami, FL 33125	TITLE D NAME Betty Inclan STREET ADDRESS 1036 NW 32pl. CITY-ST-ZIP Miami, FL 33125	DO NOT WRITE IN THIS SPACE
TITLE D NAME Carlos Miranda STREET ADDRESS 8338 NW 7th. Apt. 183 CITY-ST-ZIP Miami, FL 33126	TITLE D NAME Carlos Miranda STREET ADDRESS 8338 NW 7th. Apt. 183 CITY-ST-ZIP Miami, FL 33126	DO NOT WRITE IN THIS SPACE
TITLE D NAME JUAN Amador Rodriguez STREET ADDRESS 636 SW 33 ave. CITY-ST-ZIP Miami, FL 33125	TITLE D NAME JUAN Amador Rodriguez STREET ADDRESS 636 SW 33 ave. CITY-ST-ZIP Miami, FL 33125	DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:
Signature and typed or printed name of signing officer or director

9-20-02 (305) 491-5884
Date Daytime Phone #

Attachment

Maite Arguelles (D)

8425 SW 48th.

Miami, FL 33155

Miguel Arechavaleta (D)

8015 SW 107th. apt 210

Miami, FL 33173

Alina Fernandez Revuelta (D)

2028 SW 50th.

Miami, FL 33125

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. NEW GENERATION CUBA, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)



Walk in



Pick up time

2-06



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☒	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

02 SEP 27 PM 3:25

RECEIVED

Examiner's Initials