5/21/01-90405-003-5

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State
05-21-2001 90405 003 ***158.75

DOCUMENT # N00000002046

1. Entity Name
Cuban Retired Association, Inc. (A)

Principal Place of Business	Mailing Address
1324 SW 17 Terrace Miami Fl 33145	same

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. same	Suite, Apt. #, etc. same
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0985694 ☐ 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
Hector Torres 1324 SW 17 Terrace Miami Fl 33145	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] 6-13-2001
Signature of new or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☑ (See criteria on back)

FILE NOW!!! FEE IS $150.00
After May 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Peter R. Bernal 90 Edgewater Dr. Coral Gables, Fl. 33133 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Hector Torres 1324 S.W 17 Terrace Miami, Fl 33145 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Nicomedes Valdivia 524 SW 1 St. #702 Miami Fl 33126 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Alicia C. Diaz 500 NW 13 Ave #303 Miami Fl. 33145 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Daniel Perdomo 789 NW 13 Ave #13 Miami Fl 33125 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Margaret Sanchez 2865 SW 38 Ave Miami, Fl. 33134 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Placido Hernandez 14000 S.W. 90 Ave B-103 Miami, Fl 33176 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Marcelino Regalado 780 S Cora Way #103 Miami Fl 33145 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Alfonso Prado 5180 NW 7 St #101 Miami, Fl. 33126 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Isnoel Suayero 524 NW 1 St. #707 Miami, Fl. 33128 ☐ Change ☒ Addition

CR2E034 (11/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/25/2001 (305) 851-0922
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DATE Daytime Telephone Number