

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

DOCUMENT # N0000.0002046

1. Entity Name

Cuban Retired Association, INC,

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90148 014 ****75.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1401 Flagler St.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201A.

City & State

City & State

Miami, FL

Zip

Country

33135

Country

Miami-Dade

4. FEI Number

65-0995648

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

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7. Name and Address of Current Registered Agent

Name

Hector A Torres

Street Address (P.O. Box Number is Not Acceptable)

1324 SW 17th Terr

City

Miami

FL

Zip Code

33145

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)

4-24-2002

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Peter R. Bernal
90 Edgewood Dr
Miami, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Hector A. Torres
1324 SW 17th Terr
Miami, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Ricardo Hernandez
18000 SW 90th Ave - B-107
Miami, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Margaret Sanchez
2865 SW 38th Ave
Miami, FL 33135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Guillermo Prieto
14301 SW 100 LN
Miami, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Pedro Fernandez
931 SW 82nd Ave
Miami, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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]