

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

FILED
May 05, 2003 8:00 am
Secretary of State

DOCUMENT # N00000002046

1. Entity Name
AMERICAN UNITED SENIORS, INC



02-03-2003 90322 040 ****75.00
05-05-2003 91807 046 *****8.75

Principal Place of Business
**1401 FLAGLER ST
201-A
MIAMI, FL 33135**

Mailing Address
**1401 FLAGLER ST
201-A
MIAMI, FL 33135**

2. Principal Place of Business
**1401 Flagler St.
Suite, Apt. #, etc.
201-A**

3. Mailing Address
**1401 Flagler St.
Suite, Apt. #, etc.
201-A**

City & State
Miami, Florida

City & State
Miami, Florida 331

Zip Country
33135 USA

Zip Country
33135 USA

4. FEI Number
65-0995694

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**TORRES, HECTOR A
1324 SW 17 TERR.
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name
Hector Torres
Street Address (P.O. Box Number is Not Acceptable)
**128 S.W. 15th Ave.
Apt #3**
City
Miami **FL** Zip Code
33135

8. The above named entity admits 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]

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

4/23/03

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

TITLE **D** ☐ Delete
NAME **BERNAL, PETER R**
STREET ADDRESS **90 EDGEWATER DR**
CITY-ST-ZIP **CORAL GABLES, FL 33133**

TITLE **D** ☒ Delete
NAME **TORRES, HECTOR A**
STREET ADDRESS **1324 SW 17TH TER**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE **D** ☒ Delete
NAME **DIAZ, ALICIA C**
STREET ADDRESS **800 NW 13TH AVE #303**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE **D** ☒ Delete
NAME **REGALADO, MARCELINO**
STREET ADDRESS **7806 CORAL WAY SUITE 103**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **D** ☒ Delete
NAME **VALDIVIA, NICAMEBEDES**
STREET ADDRESS **624 SW 1 ST., #702**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **D** ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition
NAME **Torres, Hector**
STREET ADDRESS **128 S.W. 15 Ave #3**
CITY-ST-ZIP **Miami, Florida 33135**

TITLE **Director** ☐ Change ☒ Addition
NAME **Bismarck, Roberto M.**
STREET ADDRESS **3420 S.W. 108 Ave.**
CITY-ST-ZIP **Miami, Florida 33165**

TITLE **Director** ☐ Change ☒ Addition
NAME **Hernandez, Placido**
STREET ADDRESS **14000 S.W. 90 Ave.**
CITY-ST-ZIP **Miami, Florida 33176**

TITLE **Director** ☐ Change ☒ Addition
NAME **Moran-Hernandez, Gloria**
STREET ADDRESS **14621 S.W. 83 Ct.**
CITY-ST-ZIP **Miami, Florida 33158**

TITLE **Director** ☐ Change ☒ Addition
NAME **Martinez, Olga C.**
STREET ADDRESS **3420 S.W. 108 Ave.**
CITY-ST-ZIP **Miami, Florida 33165**

TITLE **Director** ☐ Change ☒ Addition
NAME **Kingsberg, Edward**
STREET ADDRESS **14621 S.W. 83 Ct.**
CITY-ST-ZIP **Miami, Florida 33158**

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: X

[Signature] **Hector Torres**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 (305) 643-5977
Date Daytime Phone #

CFR037 (10/02)

Attachment
80112055
N00000002046

0127

CUBAN RETIRED ASSOCIATION INC
1324 SW 17 TR
MIAMI FLA 33146

22881711

127

PAY TO THE ORDER OF Uniform Business Report \$ 75.00
Seventy five DOLLARS

050187930 DATE 1-26-2003 02-07-03

Continental National Bank of Miami
Main Office
1801 S.W. 1st Street
Miami, Florida 33135

FOR Annual Report

0000007500

0127

02/07/2003

75.00

0129

CUBAN RETIRED ASSOCIATION INC
1324 SW 17 TR
MIAMI FLA 33146

129

PAY TO THE ORDER OF Debitment of \$16 \$ 43.75
Forty three DOLLARS

050187930 DATE 1-26-2003 02-07-03

Continental National Bank of Miami
Main Office
1801 S.W. 1st Street
Miami, Florida 33135

FOR Change Amendment

0000004375

0129

02/07/2003

43.75