

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 27, 2001 8:00 am
Secretary of State

05-17-2001 91310 037 *****61.25

DOCUMENT # N00000005034

1. Entity Name

CUBAN AMERICAN MUSEUM OF FREEDOM ART, INC.



Principal Place of Business

Mailing Address

440 15 STREET, #3
 MIAMI BEACH FL 33139

440 15 STREET, #3
 MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1036 902

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CALZADILLA, ALEXIS
440 15 STREET, #3
MIAMI BEACH FL 33139

Name: **JE OYARCE & ASSOCIATES, ACCOUNTING OFFICES**

Street Address (P.O. Box Number is Not Acceptable)
199 SW 12TH AVENUE, SUITE 11

City **MIAMI**

FL

Zip Code
33130-1056

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

JORGE E. OYARCE

4/30/01

Signature of Registered Agent or authorized officer of the entity and file 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 **P**
 NAME **ALEXIS CALZADILLA** ☐ Delete
 STREET ADDRESS **440 15TH STREET**
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D**
 NAME **OCTAVIO GUINART** ☐ Delete
 STREET ADDRESS **5364 NW 201 STREET**
 CITY-ST-ZIP **MIAMI, FL 33055**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D**
 NAME **YANILET GUZMAN** ☐ Delete
 STREET ADDRESS **5364 NW 201 STREET**
 CITY-ST-ZIP **MIAMI, FL 33055**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D**
 NAME **JORGEN FERNANDEZ** ☐ Delete
 STREET ADDRESS **2899 COLLINS AVE., #1505**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

ALEXIS CALZADILLA, PRESIDENT

4/30/01 305-695-8715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/20/01

CR2E037 (10/00)