

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90039 010 \*\*\*\*\*61.25

**DOCUMENT # N00000006889**

1. Entity Name

**AGENDA CUBA INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**7175 SW 8 ST. STE 217  
 MIAMI FL 33144**

**C/O PEDRO L. SOLARES  
 1210 W 64 TER  
 HIALEAH FL 33012**

2. Principal Place of Business

**435 N.W. 123 AVE.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

**33182**

**U.S.A.**

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

**SOLARES, PEDRO L  
 1210 WEST 64TH TERRACE  
 HIALEAH FL 33012**

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, typed or printed name of registered agent and title 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

**DIRECTOR**  
**JORGE A. ACOSTA**  
**5445 COLLINS AV. #801**  
**MIAMI BEACH FL 33140**  
☐ Change ☐ Addition

**DIRECTOR**  
**MIGUEL A. GARROTE**  
**7643 S.W. 170 ST.**  
**MIAMI FL 33157**  
☐ Change ☐ Addition

**DIRECTOR**  
**JOSE R. RODRIGUEZ**  
**435 N.W. 123 AVE.**  
**MIAMI FL 33182**  
☐ Change ☐ Addition

**DIRECTOR**  
**TOMAS RODRIGUEZ**  
**450 S.W. 65 AVE.**  
**MIAMI FL 33144**  
☐ Change ☐ Addition

**DIRECTOR**  
**PEDRO L. SOLARES**  
**1210 W 64 TER.**  
**HIALEAH FL 33012**  
☐ Change ☐ Addition

**DIRECTOR**  
**OVIDIO LOPEZ**  
**8595 SUNRISE LAKE BLVD. 46 #201**  
**SUNRISE FL 33322**  
☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED PEDRO L. SOLARES 4/10/01 305-821-4815**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)