

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

03-29-2002 91397 018 ****61.25

DOCUMENT # N00000006889

1. Entity Name

AGENDA CUBA INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

435 N.W. 123 AVE.
MIAMI FL 33182C/O PEDRO L. SOLARES
1210 W 64 TER
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1095093
APPLIED FOR

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

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 \$61.259. 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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | ACOSTA, JORGE A | |
| STREET ADDRESS | 5445 COLLINS AV. # 801 | |
| CITY-ST-ZIP | MIAMI FL 33140 | |

| | | |
|----------------|--------------------|------------------------------------------------------------------------------|
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JULIO RAMOS, JULIO | |
| STREET ADDRESS | 4131 S.W. 14 ST. | |
| CITY-ST-ZIP | MIAMI FL 33134 | |

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GARROTE, MIGUEL A | |
| STREET ADDRESS | 435 N.W. 123 AVE. | |
| CITY-ST-ZIP | MIAMI FL 33157 | |

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, JOSE R | |
| STREET ADDRESS | 435 N.W. 123 AVE. | |
| CITY-ST-ZIP | MIAMI FL 33182 | |

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, TOMAS | |
| STREET ADDRESS | 450 S.W. 85 AVE. | |
| CITY-ST-ZIP | MIAMI FL 33144 | |

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SOLARGS, PEDRO L | |
| STREET ADDRESS | 1210 W 64 TGM. | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |

| | | |
|----------------|-------------------|------------------------------------------------------------------------------|
| TITLE | DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOLARES, PEDRO L. | |
| STREET ADDRESS | 1210 W 64 TERR. | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |

| | | |
|----------------|--------------------------------|--------------------------------------------|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LOPEZ, OVIDIO | |
| STREET ADDRESS | 8595 SUNRISE LAKE BLVD. 46 201 | |
| CITY-ST-ZIP | SUNRISE FL 33322 | |

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO L. SOLARES

3/10/02

(305) 871-4815

Date

Daytime Phone #

CR2E037 (9/01)

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DATE OF THIS NOTICE: 05-01-2001
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 65-1095093
FORM: SS-4
0716907033 0

Attachment # 38338

N90000000 6889

AGENDA CUBA INTERNATIONAL INC
% PEDRO SOLARES
1210 W 64 TER
HIALEAH FL 33012

FOR ASSISTANCE CALL US AT:
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-1095093. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Keep this part for your records.

CP 575 E (Rev. 1-2001)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 E

0716907033

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 05-01-2001
EMPLOYER IDENTIFICATION NUMBER: 65-1095093
FORM: SS-4

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

AGENDA CUBA INTERNATIONAL INC
% PEDRO SOLARES
1210 W 64 TER
HIALEAH FL 33012