

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90086 014 ****61.25

DOCUMENT #

1. Entity Name

CUBAN-AMERICAN ASSOCIATION OF PENSACOLA INCORPORATED
N01000001246

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

662 Woodbine Drive

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 30485

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

65-1096356

Applied For

Not Applicable

Zip

32503-3242

Country

USA

Zip

32503-1485

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Zeida M. Ward

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

662 Woodbine Drive

City

Pensacola,

FL

Zip Code

32503-3242

**DO NOT WRITE
IN THIS SPACE**

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 Zeida M. Ward, President

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

Zeida Ward

(NOTE: Registered Agent signature required when reinstating)

April 14, 2002

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Zeida M. Ward 662 Woodbine Dr. Pensacola, FL 32503-3242	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President Jose Zayas 5985 Keystone Dr. Pensacola, FL 32504	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Alfred Cuzan 2821 Inverness Ct. Pensacola, FL 32503	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Mayra Fillmore 2540 Southern Oak Cantonment, FL 32533	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Zeida M. Ward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 2002 (850)438-4515

Date

Daytime Phone #

CR2E037B (12/01)