

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000002015

1. Entity Name
US/CUBA LEGAL FORUM, INC.



FILED
Feb 16, 2004 08:00 AM
Secretary of State

Principal Place of Business
201 S. BISCAYNE BLVD. #2500
MIAMI, FL 33131

Mailing Address
201 S. BISCAYNE BLVD. #2500
MIAMI, FL 33131



01122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0634290	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZAMORA, ANTONIO
201 S. BISCAYNE BLVD. #2500
MIAMI, FL 33131

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U00000054561
02/17/04-80001-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PALLI, JOSE M
STREET ADDRESS	9700 S. DIXIE HIGHWAY #930
CITY-ST-ZIP	MIAMI, FL 33156

TITLE	D
NAME	SANCHELIMA, JESUS
STREET ADDRESS	235 S. LEJEUNE ROAD
CITY-ST-ZIP	MIAMI, FL 33134

TITLE	D
NAME	ZAMORA, ANTONIO
STREET ADDRESS	201 S. BISCAYNE BLVD. #2500
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

2/10/04

Date

Daytime Phone #