

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004959

1. Entity Name

ENCUENTRO DE LA CULTURA CUBANA, INC.

Principal Place of Business

414 BARBAROSSA AVE  
CORAL GABLES FL 33146

Mailing Address

414 BARBAROSSA AVE  
CORAL GABLES FL 33146

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1130838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DURAN, ALFREDO G  
2601 SO BAYSHORE DR, SUITE 1400  
MIAMI FL 33133

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
P DIAZ, JESUS D  
CALLE GENERAL PERON, 42 E  
MADRID 28020, SPAIN ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
V BERNAL, BEATRIZ D  
AV. DEL VALLE, 13  
MADRID 28003, SPAIN ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
ST RODRIGUEZ, ANNA-ISABEL D  
CALLE GENERAL RAMIREZ DE MADRID, 22-3  
MADRID 28003, SPAIN ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED  
Apr 07, 2002 8:00 am  
Secretary of State

02-26-2002 90056 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)