

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90173 039 ****70.00

DOCUMENT # N02000003477

1. Entity Name
MUNICIPIO DE CUBA - MUN.JOVELLANOS INC.



Principal Place of Business

**444 SW 64TH CT.
MIAMI FL 33144**

Mailing Address

**444 SW 64TH CT.
MIAMI FL 33144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2368842

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ARTEAGA, GARDENIA
6825 W. FLAGLER ST., #209
MIAMI FL 33144**

Name **MIRIAM E QUIROS**

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

444 SW 64TH CT

City

Miami

FL

Zip Code

33144

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, the registered agent.

SIGNATURE **Miriam E Quiros**
Signature, typed or printed name of registered agent and title if applicable.

Miriam Quiros
(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D QUIROS, MIRIAM E**
STREET ADDRESS **444 SW 64TH CT.**
CITY-ST-ZIP **MIAMI FL 33144**

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

TITLE ☐ Delete
NAME **D ARTEAGA, GARDENIA**
STREET ADDRESS **6825 W. FLAGLER ST., #209**
CITY-ST-ZIP **MIAMI FL 33144**

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

TITLE ☐ Delete
NAME **D GOMEZ, JOSE M**
STREET ADDRESS **819 AVENIDA HERMOSA**
CITY-ST-ZIP **W. PALM BCH FL 33405**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)(l), 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

Miriam E Quiros

4/15/03

905-2620778

CR2037 (10/02)