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

FILED
Jun 03, 2005 8:00 am
Secretary of State
06-03-2005 90002 009 ****61.25

DOCUMENT # N02000009908

1. Entity Name
Cuban American Social Club of SW FL Onc.

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50053292
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2. Principal Place of Business	3. Mailing Address
1409 SE 20 AVE.	1409 SE 20 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE Coral, FL.	City & State: CAPE CORAL, FL
Zip: 33990 Country: USA	Zip: 33990 County: LEE

4. FEI Number: 52-2378234 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ALFREDO Mendes- Chumaceiro UDT
Street Address (P.O. Box Number is Not Acceptable): 1409 SE 20 AVE.
City: CAPE CORAL FL Zip Code: 33990

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: Miriam D Trejo 5/28/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	President-Founder	TITLE	
NAME	Alfredo Mendes-Chumaceiro	NAME	
STREET ADDRESS	1409 SE 20 AVE.	STREET ADDRESS	
CITY-ST-ZIP	CAPE Coral, FL. 33990	CITY-ST-ZIP	
TITLE	President	TITLE	
NAME	Dania LOPEZ	NAME	
STREET ADDRESS	1409 SE 20 AVE.	STREET ADDRESS	
CITY-ST-ZIP	CAPE Coral, FL. 33990	CITY-ST-ZIP	
TITLE	Secretary/Treasurer	TITLE	
NAME	Miriam D. TREJO	NAME	
STREET ADDRESS	1409 SE 20 AVE.	STREET ADDRESS	
CITY-ST-ZIP	CAPE Coral, FL 33990	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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: Miriam D Trejo - Miriam D. TREJO 5/28/05 (239) 652-0358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #