

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03867

1. Entity Name

CASINO ESPANOL DE LA HABANA, INC.

Principal Place of Business

4416 S.W. 132 PLACE  
MIAMI FL 33175  
US

Mailing Address

4416 S.W. 132 PLACE  
MIAMI FL 33175  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2395171

Applied For

Not Applicable

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

MATOS, GABRIEL  
13391 SW 26TH TERRACE  
MIAMI FL 33175

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	FERNANDEZ, BENJAMIN	4416 S.W. 132 PLACE	MIAMI FL 33175	<input type="checkbox"/>
VD	LACAL, EMILIO	7890 S.W. 18 TERR.	MIAMI FL 33134	<input type="checkbox"/>
SD	MOLINA, LUIS	1865 BRICKEL AVE. #A-409	MIAMI FL 33129	<input type="checkbox"/>
VSD	ALEA, GUIDO E.	1310 S.W. 22ND TERR.	MIAMI FL 33145	<input type="checkbox"/>
VTD	GONZALEZ, FERNANDO	9454 SW 77TH AVE., APT. S-2	MIAMI FL 33156	<input type="checkbox"/>
TD	MATOS, GABRIEL	13391 SW 26TH TERRACE	MIAMI FL 33175	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

1/16/02 301-513-2860

FILED  
Jan 23, 2002 8:00 am  
Secretary of State

01-23-2002 90068 025 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)