

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N04473**

1. Entity Name

CUBAN MEDICAL ASSOCIATION OVERSEAS, INC.**FILED****Feb 28, 2002 8:00 am**
Secretary of State

02-28-2002 90008 038 ****61.25

Principal Place of Business

Mailing Address

**814 PONCE DE LEON BLVD
STE 307
CORAL GABLES FL 33134
US****P O BOX 141016
P O BOX 141016
CORAL GABLES FL 33114-1016
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

NOT APPLICABLE

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

**HUERTAS, ENRIQUE MD
814 PONCE DE LEON BLVD
STE 307
CORAL GABLES FL**

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 \$61.259. 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 **PD** ☐ Delete
NAME **HUERTAS, ENRIQUE**
STREET ADDRESS **811 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **FONSECA, DENIO O**
STREET ADDRESS **811 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **MARCELINO, FEAL**
STREET ADDRESS **410 SW-27 RD**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **BAEZ, RAMON**
STREET ADDRESS **1811 COLUMBUS AVE**
CITY-ST-ZIP **CORAL GABLES FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-02

(305) 445-1429

Date

Daytime Phone #

CR2E037 (9/01)