

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90303 036 ****61.25

0036360

DOCUMENT # N12817

1. Entity Name

THE CUBAN AMERICAN BAR FOUNDATION, INC.

Principal Place of Business

Mailing Address

MURAI,WALD.BIONDO,MATTHEWS & MORENO.PA
 25 S.E. 2ND AVE..#900
 MIAMI FL 33131

MURAI,WALD.BIONDO,MATTHEWS & MORENO.PA
 25 S.E. 2ND AVE..#900
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0007784

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ-QUINCOCES, GUILLERMO J.
2 SOUTH BISCAYNE BLVD
STE 3400
MIAMI FL 33131

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	D <input type="checkbox"/> Delete
NAME	DEL PINO, ROGELIO
STREET ADDRESS	1835 W. FLAGLER ST, STE 201
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	CRESPO, MANUEL
STREET ADDRESS	REMOVED PURSUANT TO 119.07(3)(I)2, F.S.
CITY-ST-ZIP	*****
TITLE	D <input type="checkbox"/> Delete
NAME	VILLALOBOS, JOSE
STREET ADDRESS	2350 CORAL WAY, STE 202
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	ANGONES, FRANCISCO
STREET ADDRESS	66 W. FLAGLER ST, 9TH FLOOR
CITY-ST-ZIP	MIAMI FL
TITLE	PD <input type="checkbox"/> Delete
NAME	MURAI, RENE
STREET ADDRESS	900 INGRAM BLDG
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	GAMBA, TOMAS
STREET ADDRESS	2701 PONCE DE LEON BLVD
CITY-ST-ZIP	CORAL GABLES FL

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOMAS F. GAMBA
 DIRECTOR

2.25.2001

(305) 663-2961

Date

Daytime Phone #

CR2E037 (10/00)