

2002 UNIFORM BUSINESS REPORT (UBR)

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

Zip

Country

Zip

Country

4. FEI Number

65-0007784

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

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 ☐ Delete
NAME DEL PINO, ROGELIO
STREET ADDRESS 1835 W. FLAGLER ST, STE 201
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
NAME CRESPO, MANUEL
STREET ADDRESS REMOVED PURSUANT TO 119.07(3)(I)2, F.S.
CITY-ST-ZIP *****

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

TITLE D ☐ Delete
NAME VILLALOBOS, JOSE
STREET ADDRESS 2350 CORAL WAY, STE 202
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
NAME ANGONES, FRANCISCO
STREET ADDRESS 66 W. FLAGLER ST, 9TH FLOOR
CITY-ST-ZIP MIAMI FL

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

TITLE PD ☐ Delete
NAME MURAI, RENE
STREET ADDRESS 900 INGRAM BLDG
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
NAME GAMBA, TOMAS
STREET ADDRESS 2701 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

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)(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] 3/28/02

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90059 039 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)