

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21292

1. Entity Name

COLEGIO NACIONAL DE BIBLIOTECARIOS CUBANOS EN EL

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90079 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

% DOLORES F. ROVIROSA  
1809 BRICKELL AVE., #1012  
MIAMI FL 33129

% DOLORES F. ROVIROSA  
1809 BRICKELL AVE., #1012  
MIAMI FL 33129-1615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2843302

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROVIROSA, DOLORES  
1809 BRICKELL AVE, #1012  
MIAMI FL 33129

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 Dolores Rovirosa

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 PD ☐ Delete  
NAME CABALLERO, ISABEL  
STREET ADDRESS 618 SW 87 PL  
CITY-ST-ZIP MIAMI FL 33174

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

TITLE VD ☐ Delete  
NAME RIVERA, CHRISTINA  
STREET ADDRESS 1309 SOROLLA  
CITY-ST-ZIP CORAL GABLES FL 33124

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

TITLE SD ☐ Delete  
NAME RODRIGUEZ, JOSEFINA H  
STREET ADDRESS 3844 SW 107 AVE  
CITY-ST-ZIP MIAMI FL 33126

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

TITLE CD ☐ Delete  
NAME GOMEZ CARBONELL, AMPARO  
STREET ADDRESS 7615 SW 21 ST  
CITY-ST-ZIP MIAMI FL 33155

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

TITLE TD ☐ Delete  
NAME ROVIROSA, DOLORES  
STREET ADDRESS 1809 BRICKELL AVE, APT 1012  
CITY-ST-ZIP MIAMI FL 33129

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Dolores Rovirosa  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00 (305)856-5190  
Date Daytime Phone #

CR2E037 (9/99)