

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21292

1. Entity Name

COLEGIO NACIONAL DE BIBLIOTECARIOS CUBANOS EN EL

Principal Place of Business

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

Mailing Address

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

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

59-2843302

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

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)

2/20/01

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
PD
CABALLERO, ISABEL
618 SW 87 PL
MIAMI FL 33174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RIVERA, CHRISTINA
1309 SOROLLA
CORAL GABLES, FL 33124 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CABALLERO, ISABEL
618 SW 87 PL
MIAMI, FL 33174 ☒ Change ☐ Addition

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

Date

Daytime Phone #

2/20/01 (305) 856-5190

CR2E037 (10/00)

00388

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90317 049 ****61.25

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