

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90052 034 *****70.00

DOCUMENT # N21292

1. Entity Name

COLEGIO NACIONAL DE BIBLIOTECARIOS CUBANOS EN EL EXILIO, INC.

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

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

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

TITLE **VD** ☒ Change ☐ Addition
 NAME **Rovirosa, Dolores F.**
 STREET ADDRESS **1809 Brickell Ave., Apt. 1012**
 CITY-ST-ZIP **Miami, FL. 33129**

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

TITLE **PD** ☒ Change ☐ Addition
 NAME **Carbonell, Amparo G.**
 STREET ADDRESS **7615 SW 21 St.**
 CITY-ST-ZIP **Miami, FL. 33155**

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

TITLE **SD** ☒ Change ☐ Addition
 NAME **González, Esther**
 STREET ADDRESS **851 NW 19 Ave.**
 CITY-ST-ZIP **Miami, FL. 33125**

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

TITLE **CD** ☒ Change ☐ Addition
 NAME **Rodríguez, Hortensia**
 STREET ADDRESS **3844 SW 107 Ave.**
 CITY-ST-ZIP **Miami, FL. 33165**

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

TITLE **TD** ☒ Change ☐ Addition
 NAME **Pérez, Ma. Luisa**
 STREET ADDRESS **5249 NW 7 St., Apt. 313**
 CITY-ST-ZIP **Miami, FL. 33126**

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 F. Rovirosa
Dolores F. Rovirosa, President.

02/20/02

(305) 856-5190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)

0020958