

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90243 045 ****70.00

DOCUMENT # N21292

1. Entity Name

**COLEGIO NACIONAL DE BIBLIOTECARIOS CUBANOS EN EL
EXILIO, INC.**



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**

20008006

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Dolores Rovirosa, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **SD** ☐ Delete
NAME **GONZALEZ, ESTHER**
STREET ADDRESS **851 NW 19 AVENUE**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **CD** ☐ Delete
NAME **RODRIGUEZ, HORTENSIA**
STREET ADDRESS **3844 SW 107 AVE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **TD** ☐ Delete
NAME **PEREZ, MA LUISA**
STREET ADDRESS **5249 NW 7 STREET APT 313**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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, President* *1/12/03 (205) 856-5190*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)