

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

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90197 014 \*\*\*\*61.25

**DOCUMENT # N30219**

1. Entity Name

**CENTRO DE LA DEMOCRACIA CUBANA, INC.**



Principal Place of Business

8261 NW 64 ST  
MIAMI FL 33166  
US

Mailing Address

8261 NW 64 ST  
MIAMI FL 33166  
US

2. Principal Place of Business

**2801 PONCE DE LEON**

3. Mailing Address

**2801 PONCE DE LEON**

Suite, Apt., #, etc.

**410**

Suite, Apt., #, etc.

**410**

City & State

**CORAL GABLES**

City & State

**CORAL GABLES**

Zip

**33134**

Country

**FLA**

Zip

**33134**

Country

**FLA**

4. FEI Number **65-0106642**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FERNANDEZ, LINO B**  
**2801 PONCE DE LEON, STE 410**  
**CORAL GABLES FL 33134**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **SALVADOR, SUBIRA**  
STREET ADDRESS **4800 N W 6TH STREET**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **DP** ☐ Delete  
NAME **FERNANDEZ, LINO B**  
STREET ADDRESS **8261 NW 64 ST**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☒ Delete  
NAME **JUAN, VALDES G**  
STREET ADDRESS **9242 NW 4 LN.**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition  
NAME **VIDA CABRERA**  
STREET ADDRESS **13791 SW 205+**  
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE ☐ Change ☐ Addition  
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:

**SIGNATURE REQUIRED**

**3/28/03**

CR2E037 (10/02)