

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39185

1. Entity Name

ASOCIACION CUBANA DE MUJERES UNIVERSITARIAS, INC

Principal Place of Business

Mailing Address

P.O. BOX 140445
CORAL GABLES FL 33114

P.O. BOX 140445
CORAL GABLES FL 33114

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
65-0216359

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAYAS-BAZAN, CECILIA
2424 SW 21ST STREET
MIAMI FL 33145

Name
Dolores F. Rovirosa
Street Address (P.O. Box Number is Not Acceptable)
1809 Brickell Ave., Apt. 1012
City Miami, FL Zip Code 33129

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 F. Rovirosa, Treasurer

Dolores Rovirosa

02/20/02

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

TITLE PD
NAME GARCERAN, HILDA ☐ Delete
STREET ADDRESS 4385 W. 12 LANE #C
CITY-ST-ZIP HIALEAH FL 33012

TITLE PD
NAME MONTOULIEU, GEORGINA ☐ Delete
STREET ADDRESS 8751 SW 57 TERRACE
CITY-ST-ZIP MIAMI FL 33174

TITLE VPD
NAME OROZCO, MARTA ☐ Delete
STREET ADDRESS 10251 SW FLAGLER TERRACE
CITY-ST-ZIP MIAMI FL 33174

TITLE S
NAME ALVARADO, CARMEN ☐ Delete
STREET ADDRESS 10145 NW 9 ST. CIRCLE #501
CITY-ST-ZIP MIAMI FL 33144

TITLE S
NAME PEREZ, LUISA ☐ Delete
STREET ADDRESS 5249 NW 7 ST. #313
CITY-ST-ZIP MIAMI FL 33126

TITLE T
NAME RODRIGUEZ, MARGARITA ☐ Delete
STREET ADDRESS 7160 SW 13 TERRACE
CITY-ST-ZIP MIAMI FL 33144

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Castellón, Delia C. ☒ Change ☐ Addition
STREET ADDRESS 13620 SW 97 St.
CITY-ST-ZIP Miami, FL. 33186

TITLE PD
NAME Zayas-Bazán, Cecilia ☒ Change ☐ Addition
STREET ADDRESS 2424 SW 21 St.
CITY-ST-ZIP Miami, FL. 33145

TITLE VPD
NAME Tuñón, Wilma G. ☒ Change ☐ Addition
STREET ADDRESS Doral Oaks 9725 NW 52 St., Apt. 207
CITY-ST-ZIP Miami, FL. 33178

TITLE S
NAME Montoulieu, Georgina ☒ Change ☐ Addition
STREET ADDRESS 8751 SW 5 Terrace
CITY-ST-ZIP Miami, FL. 33174

TITLE S
NAME Pérez, Luisa ☐ Change ☐ Addition
STREET ADDRESS 5249 NW 7 St. No. 313
CITY-ST-ZIP Miami, FL. 33126

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

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, Treasurer

02/20/02

Date

(305) 856-5190

Daytime Phone #

CR2E037 (9/01)