2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90046 049 ****70.00

DOCUMENT # N39185

1. Entity Name
ASOCIACION CUBANA DE MUJERES UNIVERSITARIAS, INC

Principal Place of Business
P.O. BOX 140445
CORAL GABLES, FL 33114

Mailing Address
P.O. BOX 140445
CORAL GABLES, FL 33114

01192004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-0216359 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROVIROSA, DOLORES F
1809 BRICKELL AVE., APT. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	PUENTE, RAQUEL	3095 SW 15TH ST	MIAMI, FL 33145	☒
S	MARTINEZ, MACY	8545 SW 125 PLACE	MIAMI, FL 33183	☐
PD	MIGDOVE, TERESA	1420 BRICKELL BAY DR #204	MIAMI, FL 33131	☒
S	PEREZ, LUISA	5249 NW 7 ST NO 313	MIAMI, FL 33126	☐
VPD	TUNON, WILMA G	DORAL OAKS 9725 NE 52 ST APT 207	MIAMI, FL 33126	☐
T	ROVIROSA, DOLORES F	1809 BRICKELL AVE APT 1012	MIAMI, FL 33129	☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	MIGNOVE, TERESA	1420 BRICKELL BAY DR #204	MIAMI, FL 33131	☒	☐
				☐	☐
PD	PUENTE, RAQUEL	3095 SW 15th ST	MIAMI, FL 33145	☒	☐
				☐	☐
				☐	☐
				☐	☐

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 / DOLORES ROVIROSA 1/18/04 (305) 856-5190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #