

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90046 012 \*\*\*\*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

30016386



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0216359

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 F  
1809 BRICKELL AVE., APT. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

*Dolores Rovirosa, Dolores Rovirosa*

*2/6/05*

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**  
**Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gomez Carbonell, Anipazo	
STREET ADDRESS	7615 S.W. 21st.	
CITY-ST-ZIP	Miami, Fl. 33155	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martinez, Mercy	
STREET ADDRESS	8545 SW 125 Place	
CITY-ST-ZIP	Miami, Fl. 33183	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tunon, Wilma G	
STREET ADDRESS	Doral OAKS 9725 NE 52ST. APT. 207	
CITY-ST-ZIP	Miami, Fl. 33178	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perez, Luisa	
STREET ADDRESS	5249 NW 7 St., No 313	
CITY-ST-ZIP	Miami, Fl. 33126	
TITLE	VDP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ortega, Migdalia	
STREET ADDRESS	9009 Garland Avenue	
CITY-ST-ZIP	Surfside, Fl. 33154	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rovirosa, Dolores F.	
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 Rovirosa, Dolores Rovirosa 2/6/05 (305) 856-5190*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #