

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90089 018 ****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

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

☐ CHECK HERE IF MAKING CHANGES



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 *Dolores Rovirosa (Dolores F. Rovirosa)*

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

(NOTE: Registered Agent signature required when reinstating)

1/19/03

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 **PD** ☒ Delete
NAME **CASTELLON, DELIA C**
STREET ADDRESS **13620 SW 97 ST**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **S** ☒ Delete
NAME **MONTOULIEU, GEORGINA**
STREET ADDRESS **8751 SW 57 TERRACE**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **PD** ☒ Delete
NAME **ZAYAS-BAZAN, CECILIA**
STREET ADDRESS **2424 SW 21 ST**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **S** ☐ Delete
NAME **PEREZ, LUISA**
STREET ADDRESS **5249 NW 7 ST NO 313**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **VPD** ☐ Delete
NAME **TUNON, WILMA G**
STREET ADDRESS **DORAL OAKS 9725 NE 52 ST APT 207**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **T** ☐ 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** ☐ Change ☒ Addition
NAME **Raquel Puente**
STREET ADDRESS **3095 SW 15 St.**
CITY-ST-ZIP **Miami, FL 33145**

TITLE **S** ☐ Change ☒ Addition
NAME **Mercy Martinez Roig**
STREET ADDRESS **8543 SW 132 Place**
CITY-ST-ZIP **Miami, FL 33183**

TITLE **PD** ☐ Change ☒ Addition
NAME **Teresa A. Mignone**
STREET ADDRESS **1420 Brickell Bay Dr. #204**
CITY-ST-ZIP **Miami, FL 33131**

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: *Dolores Rovirosa (Dolores F. Rovirosa)* 1/19/03 (305) 856-5190

CR2E037 (10/02)