

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N41256**

1. Entity Name

**THE LITTLE HAVANA - CUBAN QUARTER, USA, INC.**

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90033 043 \*\*\*\*61.25

Principal Place of Business 7231 W MIAMI LAKES DR C-13 MIAMI LAKES FL 33014	Mailing Address 7231 W MIAMI LAKES DR C-13 MIAMI LAKES FL 33014-6943
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7231 W Miami Lakes Dr C13	3. Mailing Address
Suite, Apt. #, etc. Miami Lakes, Florida	Suite, Apt. #, etc.

City & State	City & State
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4. FEI Number <b>65-0266199</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip 33014 6943	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>MACHADO, HUMBERTO L.</b> 7231 W MIAMI LAKES DR APT C-13 MIAMI LAKES FL 33014

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Func Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACHADO, HUMBERTO L. 2021 SW 3RD AVE. #4 MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DIEGO, TOMAS E. 6421 SW 16 TERR. MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TARAFRA, RODOLFO NODAL 10865 SW 112 AVE. #314 MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Humberto L. Machado*  
 HUMBERTO L. MACHADO

april 4 2000 (305) 825-2093  
 Date Daytime Phone #

CR2E037 (9/99)