## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # N41280** Feb 08, 2000 8:00 am Secretary of State CUBAN PILOTS ASSOCIATION, INC. 02-08-2000 90035 004 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 720328 4253 NW 59 TERRACE MIAMI FL 33172-0006 **MIAMI FL 33178** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0252859 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CANTILLO, AMADO 7150 SW 12 STREET **MIAMI FL 33144** City 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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **DP** ☐ Change ☐ Addition ☐ Delete TIT) F TiTi F CANTILLO, AMADO MARKE NAME STREET ADDRESS STREET ADDRESS 11253 NW 59 TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** ☐ Addition Delete ☐ Change DT TITLE ARDOIS, LUIS F NAME Jarry AROBECC STREET ADDRESS 10304 NW 9 ST CIR 102 --CITY-ST-ZIP ST-ZIP MIAMI FL 33172 ☐ Delete TITLE ☐ Change Addition SIMKOVITZ. LEONARDO NAME 8885 SW 78 COURT STREET ADDRESS ADDDEC! CITY-ST-ZIP ST-ZIP **MIAMI FL 33156** DV ☐ Delete Change ☐ Addition FLAGUER, FRED STREET ADDRESS 14592 SW 129 ST CITY-ST-ZIP ST-ZIP **MIAMI FL 33186** DS ☐ Delete TITLE ☐ Addition Backa, Educado BAREA, EDUARDO NAME 2055 SW 122 AVE, AH 514 STREET ADDRESS 10304 NW 9 ST CIRCLE #102 CITY-ST-ZIP MIAMI, FL 33175 ST-ZIP **MIAMI FL 33172** Dν ☐ Delete TITLE [] Change □ Addition **BLAZQUEZ, ANTONIO S** NAME STREET ADDRESS ADDRESS 2525 W 4TH AVE CITY-ST-ZIP ST-ZIP HIALEAH FL 33010

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-2000 (305) 74-8126

Daytime Phone #