

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90002 008 ****65.25

A0073543

DOCUMENT # **N4128D**
 1. Entity Name **Cuban Pilots Association, Inc.** (4)

Principal Place of Business **CUPA** Mailing Address **P.O. Box 720328**
Miami, Fl. 33172

2. Principal Place of Business **Same** 3. Mailing Address
 Suite, Apt. #, etc.

City & State City & State

Zip Country **U.S.** Zip Country

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Amado Cantillo
11253 NW. 59 Terrace
Miami, Fl 33178

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.

SIGNATURE **AMADO CANTILLO, PRESIDENT - Cantillo** **6/8/01**
 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

9. Election Campaign Financing
 Trust Fund 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	President AMADO CANTILLO 11253 NW. 59 TERRACE MIAMI, FL. 33178	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LEONARD SIMKOVITZ 8885 SW. 78 COURT MIAMI, FL 33156	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT WILLIAM ALEXANDER 13601 SW. 103 AVENUE MIAMI, FL. 33158	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY EVARISTO GONZALES 4351 SW. 14 STREET MIAMI, FL. 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ROBERTO GARCIA 1270 WEST 40 TERRACE HALEAK, FL. 33012	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: **A Cantillo - AMADO CANTILLO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01

Date Daytime Phone #

CR2E037 (11/00)