

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90047 027 ****70.00

DOCUMENT # N43968

1. Entity Name

FUNDACION DE RAICES CUBANAS, INCORPORATED

Principal Place of Business

Mailing Address

~~300 S.W. 1ST~~ **2521 N.W. 31st**
~~STE 202A~~ **Miami, FL 33142**
~~MIAMI FL 33130~~
~~US~~ **US**

~~300 S.W. 1ST~~ **2521 N.W. 31st**
~~SUITE 202A~~ **Miami, FL 33142**
~~MIAMI FL 33130~~
~~US~~ **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2521 NW 31st

2521 NW 31st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami

Miami

City & State

City & State

Florida

Florida

Zip

Country

Zip

Country

33142

US

33142

US

4. FEI Number

65-0269630

Applied For

☒ Not Applicable

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

ROJAS, LUCIA
18105 N.W. 5 COURT
MIAMI FL 33169

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

Lucia Rojas

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

(NOTE: Registered Agent signature required when reinstating)

4/28/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	ROJAS, LUCIA	
STREET ADDRESS	18105 N.W. 5 CT.	
CITY-ST-ZIP	MIAMI, FL FL 33169	
TITLE	V	<input type="checkbox"/> Delete
NAME	DANNERY, OSCAR MARTINEZ	
STREET ADDRESS	2347 N.E. 7 AVE.	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORALEZA, LADISLAO	
STREET ADDRESS	2950 NW 88 ST.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, FELIPE	
STREET ADDRESS	18871 NW 89 PLACE	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOPILLO, EVELYN	
STREET ADDRESS	14040 NW S AVE	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	LABOY, VIRGINIA E	
STREET ADDRESS	6350 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33155	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dopico, Evelyn
STREET ADDRESS	14040 N.W. 5 Ave
CITY-ST-ZIP	Miami, FL 33168
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lucia Rojas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

Date

(305)646-6511 x3671

Daytime Phone #

CR2E037 (10/00)