

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N44371

1. Entity Name
UNIDAD CUBANA, INC.



Principal Place of Business Mailing Address
815 PONCE DE LEON BLVD #200 P.O. BOX 1973
CORAL GABLES FL 33134 MIAMI FL 33135

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

City & State City & State
Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0283460** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PIGUEROA, LUIS A
815 PONCE DE LEON BLVD.
#200
CORAL GABLES FL 33134

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 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
Due By May 1, 2005

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	VD	<input type="checkbox"/> Delete
NAME	FIGUEROA, LUIS A.	
STREET ADDRESS	815 PONCE DE LEON BLVD., #200	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ESPINOSA, ROLANDO	
STREET ADDRESS	130 S.W. 32 AVE.	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	T	<input type="checkbox"/> Delete
NAME	ENGINOSA, PEDRO B	
STREET ADDRESS	2252 S.W. 105 CT.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PERMUY, JESUS	
STREET ADDRESS	335 FLUVIA	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, FRANCISCO V	
STREET ADDRESS	521 S.W. 42ND AVE., #206	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORAVIA, CADO	
STREET ADDRESS	925 N.W. 37 AVE. #106	
CITY-ST-ZIP	MIAMI FL 33125	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UN00000238600	
STREET ADDRESS	02/22/05-80008-015 61.25	
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 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: *Francisco Hernandez*

2/27/05 305649-9108