

2008 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90022 030 ****61.25

DOCUMENT # **N 50092**

1. Entity Name

ASOCIACION Historica Cubana, INC
Cross Ref: CUBAN HISTORIC ASSOCIATION
Corp. No. N50092

Principal Place of Business

Mailing Address

437 SW 20 Rd, MIAMI, FL 33129

FEI#: 650350959

40103321

2. Principal Place of Business

3. Mailing Address

437 SW 20 Road

MIAMI, FL 33129

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

650350959

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

437 SW 20 Road
MIAMI, FL 33129

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW
SEE US AT 24

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 ☐ Delete
 NAME **PD**
BERVIDES, Esteban M
 STREET ADDRESS **437 SW 20 Road**
 CITY-ST-ZIP **MIAMI, FL 33129**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD**
BERVIDES, MARIO G
 STREET ADDRESS **620 Aledo Ave**
 CITY-ST-ZIP **G. Gables, FL 33194**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TD**
BERVIDES, C. Marcelo
 STREET ADDRESS **3121 SW 82 CT**
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD**
Del Valle Ramon, Gladys.
 STREET ADDRESS **6102 SW 18 Ter.**
 CITY-ST-ZIP **MIAMI, FL 33144**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]

MAY 12/08 **8541938**