2013 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50092

1. Entity Name

Asociacion Historica Cubana, Inc

SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAR 12 AM 5:32

Principal Place of Business	Mailing Address
437 SW 20 Road Miami FL 33129-1321	

2. Principal Place of Business	3. Mailing Address
437 SW 20 Rd. Suite, Apt. #, etc.	437 SW 20 Road. Suite, Apt. #, etc.
City & State: Miami, FL.	City & State: Miami, Florida
Zip: 33129 Country: Miami-Dade	Zip: 33129-1321 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0350959 ☐ 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
Beruvides, Esteban M. 437 SW 20 Road Miami FL 33129-1321	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: E Beruvides — March 7/2013

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Beruvides, Esteban M. 437 SW 20 Road Miami FL 33129-1321 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100245521732 03/12/13--01023--006 **61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP Beruvides, Mario G. 620 Aledo Ave Coral Gables, Fl. 33134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Beruvides, C. Marcelo 3121 SW 82 CT Miami, Fl 33155 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Cue, Josefina 7200 Bamboo St. Miami Lake, Fl. 33014 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAR 12 2013 R. HUNT ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: E Beruvides — March 7/2013

CR2E037 (11/00)