

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000384

1. Entity Name

**PUENTE DE JOVENES PROFESIONALES CUBANOS, INC.**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90102 044 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
**1101 BRICKELL AVE., SUITE 1400**      **1101 BRICKELL AVE., SUITE 1400**  
**MIAMI FL 33131**      **MIAMI FL 33131-3117**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **69-0043070**      Applied For  
 Not Applicable

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

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUTIERREZ, JR., NICOLAS J ESQ.**  
**1101 BRICKELL AVE., SUITE 1400**  
**MIAMI FL 33131**

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

**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          | <b>DVP</b>                            | <input type="checkbox"/> Delete |
| NAME           | <b>NEJAIME, CHARLES N</b>             |                                 |
| STREET ADDRESS | <b>13880 S.W. 111TH STREET</b>        |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33186-3274</b>            |                                 |
| TITLE          | <b>DP</b>                             | <input type="checkbox"/> Delete |
| NAME           | <b>GUTIERREZ, JR., NICOLAS J ESQ.</b> |                                 |
| STREET ADDRESS | <b>1101 BRICKELL AVE STE 1400</b>     |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33131</b>                 |                                 |
| TITLE          | <b>D</b>                              | <input type="checkbox"/> Delete |
| NAME           | <b>RODRIGUEZ, ERIC A ESQ.</b>         |                                 |
| STREET ADDRESS | <b>401 OCEAN BLVD., SUITE 804</b>     |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33134</b>                 |                                 |
| TITLE          | <b>D</b>                              | <input type="checkbox"/> Delete |
| NAME           | <b>PAU-LLOSA, RICARDO</b>             |                                 |
| STREET ADDRESS | <b>3225 S.W. 58TH AVENUE</b>          |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33155</b>                 |                                 |
| TITLE          | <b>DS</b>                             | <input type="checkbox"/> Delete |
| NAME           | <b>BELLO, RAMON REV.</b>              |                                 |
| STREET ADDRESS | <b>845 E. 5TH STREET</b>              |                                 |
| CITY-ST-ZIP    | <b>HIALEAH FL 33010</b>               |                                 |
| TITLE          | <b>D</b>                              | <input type="checkbox"/> Delete |
| NAME           | <b>BELL, HENRY</b>                    |                                 |
| STREET ADDRESS | <b>150 WEST FLAGLER, SUITE 1700</b>   |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33130</b>                 |                                 |

|                |  |  |
|----------------|--|--|
| TITLE          |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |  |
| STREET ADDRESS | <b>10650 SW. 157th Ct., Apt. #303</b>  |  |
| CITY-ST-ZIP    | <b>Miami FL 33196</b>                  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS | <b>401 Ocean Drive, Apt. #804</b>      |  |
| CITY-ST-ZIP    | <b>Miami Beach, Florida 33139-6630</b> |  |
| TITLE          |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |  |
| STREET ADDRESS | <b>1801 Cordova St.</b>                |  |
| CITY-ST-ZIP    | <b>Coral Gables, FL 33134</b>          |  |
| 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: *Nicolas J. Gutierrez, Jr., Esq., Pres./pm.*      4/25/00      (305) 373-0330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)