

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90093 001 ***122.50

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1. Entity Name

PUENTE DE JOVENES PROFESIONALES CUBANOS, INC.

Principal Place of Business

Mailing Address

**1101 BRICKELL AVE., SUITE 1400
 MIAMI FL 33131**

**1101 BRICKELL AVE., SUITE 1400
 MIAMI FL 33131**

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

Zip

Country

Zip

Country

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

**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

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

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	DVP	<input type="checkbox"/> Delete
NAME	NEJAIME, CHARLES N	
STREET ADDRESS	10650 SW 157TH CT., APT 303	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GUTIERREZ, JR., NICOLAS J ESQ.	
STREET ADDRESS	1101 BRICKELL AVE STE 1400	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ERIC A ESQ.	
STREET ADDRESS	401 OCEAN DR., APT 824	
CITY-ST-ZIP	MIAMI FL 33139-6632	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAU-LLOSA, RICARDO	
STREET ADDRESS	1801 CORDOVA STREET	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BELLO, RAMON REV.	
STREET ADDRESS	845 E. 5TH STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, HENRY	
STREET ADDRESS	150 WEST FLAGLER, SUITE 1700	
CITY-ST-ZIP	MIAMI FL 33130	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.* **Nicolas J. Gutierrez, Jr., Esq.** *4/15/02* (305) 373-0330

CR2E037 (9/01)