

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0023488

FILED

03 MAY -5 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000384**

1. Entity Name
PUEENTE DE JOVENES PROFESIONALES CUBANOS, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

2165 S. Bayshore DR

3. Mailing Address

2165 S. Bayshore DR

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Miami FL

City & State

Miami FL

4. FEI Number **69-0043070**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2165 S Bayshore DR.

Grand Bay Plaza, Suite 200

City

Miami

FL

Zip Code

33133

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

Nicolas J. Gutierrez Jr., Esq., Registered Agent 4/23/03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	NEJAIME, CHARLES N	
STREET ADDRESS	10850 SW 167TH 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 33139-6832	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAU LLOSA, RICARDO	
STREET ADDRESS	4801 CORDOYA 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEQUIRISTAIN, EDUARDO	
STREET ADDRESS	1841 SW 8th ST.	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2165 S. Bayshore DR, suite 200	
CITY-ST-ZIP	Miami, FL 33133	
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		

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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., President 4/23/03 (305) 285-0800**

CR2E037 (10/02)