

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90093 026 ****61.25

DOCUMENT # N92000000551

1. Entity Name

CUBAN AMERICAN DEFENSE LEAGUE, INC.

Principal Place of Business

**4714 SW 74TH AVENUE
MIAMI FL 33155
US**

Mailing Address

**4714 SW 74TH AVENUE
MIAMI FL 33155
US**

2. Principal Place of Business

100 Beacom Boulevard

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33135

Country

USA

Zip

Country

4. FEI Number

65-0384266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEVY, EDDIE B
5055 COLLINS AVE
SUITE 8G
MIAMI BEACH FL 33155**

7. Name and Address of New Registered Agent

Xiomara Almaguer-Levy

100 Beacom Blvd.

City

Miami, FL

FL

Zip Code

33135

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

4/2/02

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

TITLE **P** ☐ Delete
NAME **LEVY, EDDIE B**
STREET ADDRESS **5055 COLINS AVE APT #14 K**
CITY-ST-ZIP **MIAMI BCH. FL 33140**

TITLE **D** ☐ Delete
NAME **CASALS, ALEJANDRO**
STREET ADDRESS **11000 SW 142 PL.**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VPTS** ☐ Delete
NAME **ALMAGUER-LEVY, XIOMARA**
STREET ADDRESS **5255 COLLINS AVE., #14K**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **D** ☐ Delete
NAME **LOPEZ, EMMA**
STREET ADDRESS **2812 PRAIRE AVE**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

Xiomara Almaguer-Levy Vice President

4/2/02

305-642-1600

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)