


FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90110 012 ****61.25

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

| | | |
|---|---------------------------|---|
| DOCUMENT # N92000000551 | |  |
| 1. Entity Name CUBAN AMERICAN DEFENSE LEAGUE, INC. | | |
| Principal Place of Business 100 BEACOM BLVD MIAMI, FL 33135 US | | Mailing Address 4714 SW 74TH AVENUE MIAMI, FL 33155 US |
| 2. Principal Place of Business 142-B BEACOM SUITE, APT. #, etc. BOULEVARD | | 3. Mailing Address 100 Beacom Boulevard SUITE, APT. #, etc. |
| City & State MIAMI FL | | 4. FEI Number 65-0384266 |
| Zip FL 33135-0501 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent ALMAGUER-LEVY, XIOMARA 100 BEACOM BLVD MIAMI, FL 33135 | | 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. | | |
| SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when appointing)</small> DATE | | |
| FILE NOW: FEE IS \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Make Check Payable to Florida Department of State | | |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | LEVY, EDDIE B | |
| STREET ADDRESS | 5055 COLINS AVE APT #14 K | |
| CITY-ST-ZIP | MIAMI BCH., FL 33140 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CASALS, ALEJANDRO | |
| STREET ADDRESS | 11000 SW 142 PL. | |
| CITY-ST-ZIP | MIAMI, FL 33186 | |
| TITLE | VPTS | <input type="checkbox"/> Delete |
| NAME | ALMAGUER-LEVY, XIOMARA | |
| STREET ADDRESS | 5255 COLLINS AVE., #14K | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LOPEZ, EMMA | |
| STREET ADDRESS | 2812 PRAIRE AVE | |
| CITY-ST-ZIP | MIAMI BEACH, FL-33140 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| 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 | | |
| 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: <u>Xiomara Almaguer-Levy</u> Vice President - 4/8/03 - 649-4993 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |