

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000700

1. Entity Name

CUBAN MAUSOLEUM INC.

Principal Place of Business

Mailing Address

~~2020 CORAL WAY~~  
MIAMI FL 33145  
US

6535 S.W. 25 ST  
MIAMI FL 33155  
US

2. Principal Place of Business

800 Douglas Rd.

3. Mailing Address

Suite, Apt. #, etc.

Annex Building, Suite 111

City & State

City & State

Coral Gables

Zip

Zip

33134

Country

US

Country

4. FEI Number

65-0575188

Applied For

Not Applicable

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

FERNANDEZ, GRISEL  
6535 S.W. 25 ST.  
MIAMI FL 33155

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 PD  
NAME PEREZ ROURA, SILVIO A  
STREET ADDRESS 223 SHORE DR.  
CITY-ST-ZIP S. MIAMI FL 33133 ☐ Delete

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

TITLE STD  
NAME FERNANDEZ, GRISEL  
STREET ADDRESS 6535 S.W. 25TH ST.  
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

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

TITLE D  
NAME EVELIO, CEPERO  
STREET ADDRESS 10355 S.W. 40 ST. #537  
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/01 (305) 667-2848

Date Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE