

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000003011**

1. Entity Name

CUBAN SOCIETY OF TOURISM PROFESSIONALS, INC.**FILED**
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90351 004 ****61.25

0040701

Principal Place of Business

% NICOLAS CRESPO
330 W HEATHER DR
KEY BISCAYNE FL 33149

Mailing Address

% NICOLAS CRESPO
330 W HEATHER DR
KEY BISCAYNE FL 33149

50038747



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0450089

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CRESPO, NICOLAS
330 W HEATHER DR
KEY BISCAYNE FL 33149

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CRESPO, NICOLAS
330 W HEATHER DR
KEY BISCAYNE FL 33149 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARENCIBIA, ROBERTO
11077 NW 36 AVE
MIAMI FL 33167 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEXTER, MARIE L.
330 W. HEATHER DR.
KEY BISCAYNE FL 33149 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PEREZ, ROBERTO
4580 S.W. 128TH AVENUE
MIAMI FL 33175 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GONZALEZ, JOSE A
6831 147 AVE SUITE 3H
MIAMI FL 33193 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MENENDEZ, JOSE A.
14301 SW 74 TERR
MIAMI FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)