

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000305

1. Entity Name

ASOCIACION CUBANA DE REFINADORES DE AZUCAR, INC.

Principal Place of Business

16 SEVILLA AVE
CORAL GABLES FL 33134

Mailing Address

16 SEVILLA AVE
CORAL GABLES FL 33134-6117

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

65-0477623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANCO, ALFREDO JR
16 SEVILLA AVE.
CORAL GABLES FL 33134-6117

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:
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 NAME ☐ Delete
D BLANCO, ALFREDO JR.
STREET ADDRESS 16 SEVILLA AVE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE NAME ☐ Delete
D PUJOL, JOSE L
STREET ADDRESS 782 NW LWJEUNE RD SUITE 529
CITY-ST-ZIP MIAMI FL 33126

TITLE NAME ☐ Delete
D BLANCO, LIANA M
STREET ADDRESS 4250 INGRAHAM HWY.
CITY-ST-ZIP COCONUT GROVE FL 33133-6718

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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: Alfredo Blanco Jr. - Alfredo Blanco, Jr. - President - January 17, 2000 - (305)666-6553 - (305)666-9025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90102 021 ****61.25

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DO NOT WRITE IN THIS SPACE