

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90092 042 ****61.25

DOCUMENT # N94000000305

1. Entity Name

ASOCIACION CUBANA DE REFINADORES DE AZUCAR, INC.

Principal Place of Business

Mailing Address

~~16 SEVILLA AVE~~
~~CORAL GABLES FL 33134~~
4250 Ingraham Highway
Miami, FL 33133-6718

~~16 SEVILLA AVE~~
~~CORAL GABLES FL 33134~~
4250 Ingraham Highway
Miami, FL 33133-6718

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

7. Name and Address of New Registered Agent

NEW ADDRESS

BLANCO, ALFREDO JR
~~16 SEVILLA AVE~~
~~CORAL GABLES FL 33134-6117~~
4250 Ingraham Highway
Miami, FL 33133-6718

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 NAME STREET ADDRESS CITY-ST-ZIP	D, BLANCO, ALFREDO JR. <input type="checkbox"/> Delete <u>NEW ADDRESS</u> 16 SEVILLA AVE 4250 Ingraham Hwy CORAL GABLES FL 33134 Miami, FL 33133-6718
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUJOL, JOSE L <input type="checkbox"/> Delete 782 NW LWJEUNE RD SUITE 529 MIAMI FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, LIANA M <input type="checkbox"/> Delete 4250 INGRAHAM HWY. COCONUT GROVE FL 33133-6718
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Alfredo Blanco, Jr. - President - January 22, 2001 - (305)666-6553

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

00 915