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

DOCUMENT # **N9400000305**

1. Entity Name

ASOCIACION CUBANA DE REFINADORES DE AZUCAR, INC.



FILED
May 08, 2003 8:00 am
Secretary of State

(305)666-9025

05-08-2003 90163 037 ****61.25

Principal Plac 4250 INGRAHA MIAMI FL 3313			Mailing Address 4250 INGRAHAM HIGHWAY MIAMI FL 33133-6718						
	NITT-								
2. Principal Place of Business			3. Mailing Address				FI 01011 00111 00117 00111 03111 00111		AT AMI 1881
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State		· · · · · ·	4. FEI Number 65	-0477623		plied For at Applicable
Zip .	Zip Country		Zip		intry			\$8.75 Additional Fee Required	
	6. Name a	nd Address of Current Re	egistered Agent			7. Name and Add	ress of New Registered A	gent	
BLANCO, ALFREDO JR 42°0 INGRAHAM HIGHWAY MIAMI FL 33133-6718					Street Address (P.O. Box Number is Not Acceptable)				
Ť					City		FL	Zip Code	9
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 SIGNATURE SIGNATURE SIGNATURE (NOTE: Registered Agent 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 Florida Department of State			
10.	-	OFFICERS AND DIRE	CTORS			ADDITIONS/CHANGE	S TO OFFICERS AND DIR	ECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, AI 4250 INGRA MIAMI FL 33	HAM HWY	☐ Delete		l l			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pujol, Jos 782 NW LW MIAMI FL 33	JEUNE RD SUITE 529	☐ Delete					□ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, LI 4250 INGRA COCONUT (☐ Delete				المنافعة المنطقية المنافعة المنطقة المنافعة المن	□ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					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.									