2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2000 8:00 am
Secretary of State
02-18-2000 90004 001 *****8.75

DOCUMENT # N94000000845

1. Entity Name

CUBAN NATIONAL HERITAGE CORP.

Principal Place of Business	Mailing Address
1390 BRICKELL AVENUE STE 200 MIAMI FL 33131 US	1390 BRICKELL AVENUE STE 200 MIAMI FL 33131-3322 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
300 Aragon Ave.	300 Aragon Ave.
Suite, Apt. #, etc.: 260	Suite, Apt. #, etc.: 260
City & State: Coral Gables, FL.	City & State: Coral Gables, FL.
Zip: 33134 - Country: Miami-Dade	Zip: 33134 Country: Miami, Dade

4. FEI Number: 65-0468553 ☐ 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
BUSTAMANTE, ALBERTO S III 233 S SEMORAN BLVD ORLANDO FL 32807	Name: Armando F. Cobelo Street Address (P.O. Box Number is Not Acceptable): 300 Aragon Ave., Suite 260 City: Coral Gables **FL** Zip Code: 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 CABARROCAS, DAVID 4086 EL PRADO BLVD COCONUT GROVE FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COBELO, ARMANDO F 1400 SW 84TH COURT MIAMI FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASANOVA, SALOME 650 OCEAN LN DR APT 10D KEY BISCAYNE FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABASCAL, GERARDO II 2730 SW 3RD AVE #301 MIAMI FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GODOY-ARNOLDSON, MALVINA 1408 S. BAYSHORE DRIVE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / 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: _____ 2.5.2000 (305)264-9476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #