

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90107 045 ****61.25

DOCUMENT # N94000002390

1. Entity Name

CUBANOS CON FE EN ACCION INC.

Principal Place of Business

1633 W FLAGLER ST
 1633
 MIAMI FL
 US

Mailing Address

15022 ROYAL PALM COURT
 MIAMI LAKES FL 33014
 US

2. Principal Place of Business

1633 W Flagler St.

Suite, Apt. #, etc.

1633.

City & State

3. Mailing Address

15022 Royal Palm Court

Suite, Apt. #, etc.

MIAMI LAKES FLA.

Zip

Country

Zip

Country

33014

USA.

4. FEI Number

65-0492474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VALDES, ALBERTO
15022 ROYAL PALM COURT
MIAMI LAKES FL 33014

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 **TS** ☐ Delete
 NAME **ANDRADE, ARTURO**
 STREET ADDRESS **13233 S.W. 86TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **TT** ☐ Delete
 NAME **VALDES, ORLANDO**
 STREET ADDRESS **13960 N.W. 60 AVENUE**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **TP** ☐ Delete
 NAME **VALDES, ALBERTO**
 STREET ADDRESS **15022 ROYAL PALM COURT**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **AS** ☐ Delete
 NAME **GUTIERREZ, RENALDY J**
 STREET ADDRESS **601 BRICKELL KEY DRIVE, STE 501**
 CITY-ST-ZIP **MIAMI FL 33131-2651**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)