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

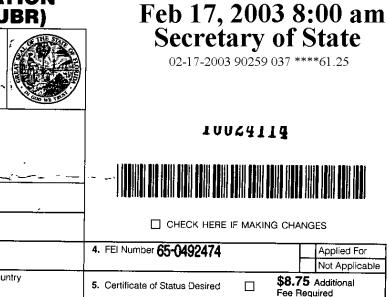
Mailing Address

## DOCUMENT # N94000002390

1. Entity Name

Principal Place of Business

CUBANOS CON FE EN ACCION INC.



FILED

1633 W FLAGLER ST 15022 ROYAL PALM COURT 1633 MIAMI LAKES FL 33014 MIAMI FL US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Alberto Valdes VALDES, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 15022 ROYAL PALM COURT NW 80 AVE MIAMI LAKES FL 33014 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed rame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ANDRADE, ARTURO NAME NAME 13233 S.W. 86TH TERRACE STREET ADDRESS STREET ADDRESS MIAMI: FL 33183 -CITY-ST-7IP-.CITY-ST-ZIP. □ Delete TITLE -<□ Change Addition VALDES, ORLANDO NAME NAME 13960 N.W. 60 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM! LAKES FL 33014 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition VALDES, ALBERTO NAME NAME 15022 ROYAL PALM COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition GUTIERREZ, RENALDY J NAME 601 BRICKELL KEY DRIVE, STE 501 STREET ADDRESS STREET ADDRESS MIAMI FL 33131-2651 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

3055821-0400