

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90053 017 \*\*\*\*61.25

DOCUMENT # **N94000005724**

1. Entity Name  
**UNITED STATES CUBAN-AMERICAN  
 GOLF ASSOCIATION, INC.**

Principal Place of Business  
**8900 SW 117 AVE  
 SUITE B-205  
 MIAMI, FL 33186**

Mailing Address **SUITE B-205**  
**8900 SW 117 AVE  
 MIAMI, FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0571341**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**VARGAS, ANTONIO  
 780 N.W. LEJEUNE ROAD  
 SUITE 518  
 MIAMI, FL 33128**

7. Name and Address of New Registered Agent

Name **DELIO TREJO**

Street Address (P.O. Box Number is Not Acceptable)

**8700 SW 97 TERRACE**

City

**MIAMI**

**FL**

Zip Code

**33176**

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

**DELIO TREJO, TREASURER/DIRECTOR**

**2/25/00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	<b>P D</b>	<input type="checkbox"/> Delete
NAME	<b>ARANGO, MARIO</b>	
STREET ADDRESS	<b>10721 SW 117 CT</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33186</b>	
TITLE	<b>V D</b>	<input type="checkbox"/> Delete
NAME	<b>SANTOS-ALBORNÁ, ROBERTO</b>	
STREET ADDRESS	<b>6330 SW 89 PL</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33173</b>	
TITLE	<b>S D</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, FRANK</b>	
STREET ADDRESS	<b>2681 WESTADIAER CIRCLE</b>	
CITY-ST-ZIP	<b>DAVIE, FL 33328</b>	
TITLE	<b>T D</b>	<input type="checkbox"/> Delete
NAME	<b>TREJO, DELIO</b>	
STREET ADDRESS	<b>8700 SW 97 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33176</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VELASCO, ARY</b>	
STREET ADDRESS	<b>9975 SW 30 STREET</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33165</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>IGLESIAS, JORGE</b>	
STREET ADDRESS	<b>3727 HARLAND STREET</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 a new address, with all other like empowered.

SIGNATURE:

**DELIO TREJO, TREASURER/DIRECTOR** **2/25/00 (305) 271-2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)