


I

Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90065 005 ***150.00

1. Early Neurotoxic

UNITED STATES CUBAN-AMERICAN GOLF ASSOCIATION. 1

1. Principal Place of Business		Mailing Address		0410004 	
2000 SW 117 AVE STE 100 MIAMI FL 33155 US		2000 SW 117 AVE STE 100 MIAMI FL 33155 US			
2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FED Number 05-051341	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
Country		Country		6. US Additional Fee Required	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TREAD, DELLO 2720 SW 27 TER MIAMI FL 33176				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	

B. 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

[illegible]

2021

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
DR VELASCO, ART	3875 SW 30TH ST	MIAMI FL	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
DR RODRIGUEZ, FRANK	2804 WESTGARDEN CIR	DADE FL 33135	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
DR AMARAL, MARIO	10751 SW 117 CT	MIAMI FL 33186	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
DR THEO, CELIO	6796 SW 87 TERRACE	MIAMI FL 33174	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
DR SANCHEZ, ROBERTO	6330 SW 85 PL	MIAMI FL 33173	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
DR KLEIN, JORGE	3722 HAWLAND CT	CORAL GABLES FL 33134	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 13.000000, 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 partner or trustee of a partnership; that I am the person who prepared the report as requested by Chapter 617, Florida Statutes; and that my name appears in Block 40 or Block 41 of the report.

SIGNATURE:

DELIO TAE SO
DIRECTOR 2/9/01 300-596-62

Attachment 825392
DELIO TREJO
8700 SW 97TH TERRACE
MIAMI, FL 33176
Phone (305) 596 6332

February 18, 2002

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee Fl 32314.

RE. DOCUMENT # NP4000005724

Gentlemen:

Please, find enclosed our check # 1426 in the amount of \$150.00 to cover the filing of UBR for UNITED STATES CUBAN-AMERICAN GOLF ASSOCIATION, YEAR 2002.

As of this writing, we have not received the above mentioned UBR for the current year. Therefore, we would appreciate it if you could mail a Blank Set for proper filing to the address of the Registered Agent, as follows :

DELIO TREJO
8700 SW 97TH TERRACE
MIAMI, FLORIDA 33176
PHONE (305) 596 6332

Thank you for your attention to this matter.\

Very truly yours,


Delio Trejo
Registered Agent