

**NOT FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 195000000806

1. Entity Name

HAVANA MILITARY ACADEMY INC

FILED

02 JUN -3 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

330 SW 27th Ave. #408

Suite, Apt. #, etc.

#408

City & State

MIAMI FL

Zip

33135

Country

3. Mailing Address

330 SW 27th Ave.

Suite, Apt. #, etc.

408

City & State

MIAMI FL

Zip

33135

Country

4. FEI Number

65-058277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ENRIQUE R. ALTEE

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

330 S.W. 27th Ave. #408

MIAMI FL

City

FL

Zip Code

33135

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

5/20/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Director ENRIQUE R. ALTEE 330 SW 27th Ave. #408 MIAMI FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. / Director Fernando ALBUQUERQUE 8200 SW 94th St. MIAMI FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JUAN VALDES 9748 NW 4th Ave. MIAMI FL 33172
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CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/20/02 (305) 644-2233