

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90001 049 \*\*\*\*70.00

**DOCUMENT #** N9500002631 ✓  
**1. Entity Name**  
 Association of Cattlemen of Cuba, Inc.  
 Asociación de Ganaderos de Cuba, Inc.

**Principal Place of Business**      **Mailing Address**  
 4600 S.W. 12 Street      P.O. Box 440946  
 Miami FL 33134-2715      Miami FL 33144

**2. Principal Place of Business**      **3. Mailing Address**  
 4600 S.W. 12 Street      P.O. Box 440946  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

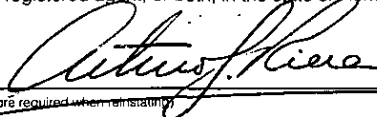
**City & State**      **City & State**  
 Miami FL 33134-2715      Miami FL 33144  
**Zip**      **Country**      **Zip**      **Country**  
 33134-2715      U.S.A.      33144      U.S.A.

**4. FEI Number** 59-2237280      **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 Rodrigo Rodriguez  
 6141 S.W. 17 Street  
 Miami FL 33155

**7. Name and Address of New Registered Agent**  
**Name** Arturo J. Riera  
**Street Address (P.O. Box Number is Not Acceptable)**  
 4600 S.W. 12 Street  
**City** Miami      **FL**      **Zip** 33134

**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:       DATE: 4/4/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**SEE IS \$61.25**

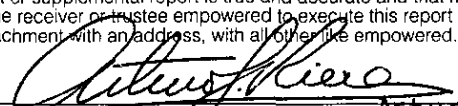
**9. Election Campaign Financing**  
 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE <input checked="" type="checkbox"/> Delete	President
NAME	Arturo J. Riera
STREET ADDRESS	4600 S.W. 12 Street
CITY-ST-ZIP	Miami FL 33134-2715
TITLE <input checked="" type="checkbox"/> Delete	VicePresident
NAME	Henry E. Rose
STREET ADDRESS	13920 S.W. 106 Street
CITY-ST-ZIP	Miami FL 33186
TITLE <input checked="" type="checkbox"/> Delete	Secretary
NAME	Leopoldo Aguilera Jr.
STREET ADDRESS	5921 S.W. 95 Court
CITY-ST-ZIP	Miami FL 33173
TITLE <input checked="" type="checkbox"/> Delete	Treasurer
NAME	Concepcion R. Beltran
STREET ADDRESS	10602 S.W. 134 Place
CITY-ST-ZIP	Miami FL 33186
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	
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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 an address, with all other like empowered.**

**SIGNATURE:**       DATE: 4/4/00      (305) 446-2712  
Signature and typed or printed name of signing officer or director Arturo J. Riera      Daytime Phone #

CR2E037 (9/99)