

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

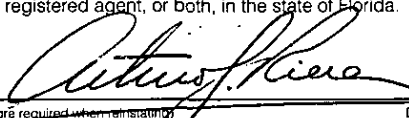
2. Principal Place of Business **3. Mailing Address**
 4600 S.W. 12 Street P.O. Box 440946
 Suite, Apt. #, etc. Suite, Apt. #, etc.

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**

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 re-instating)

FILE NOW: FEE IS \$61.25 **9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

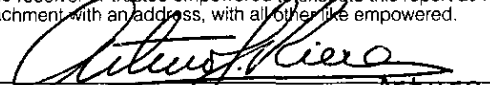
10. OFFICERS AND DIRECTORS

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

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

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 **PRESIDENT**

CR2E037 (9/99)