

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90193 030 \*\*\*\*75.00

**DOCUMENT # N95000005076**

1. Entity Name

**CONFEDERACION CAMPESINA DE CUBA CORP.**

Principal Place of Business

Mailing Address

**3325 SW 11 STREET  
MIAMI FL 33175  
US**

**3325 SW 11 STREET  
MIAMI FL 33135  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0740477**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POU, JOSE M  
3325 SW 11 STREET  
MIAMI FL 33135**

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **POU, JOSE M**  
STREET ADDRESS **3325 SW 11TH ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CORDOVES, JUAN ANTONIO**  
STREET ADDRESS **11195 SW 1ST ST APT 222**  
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BRICE, ARTHUR E**  
STREET ADDRESS **2055 SW 122ND APT 105**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **RODRIGUEZ, RICARDO**  
STREET ADDRESS **207 NW 48TH PLACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **ROSALES, JUAN MANUEL**  
STREET ADDRESS **1641 SW 125 COURT**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Delete  
NAME **FREYRE, FERNANDO**  
STREET ADDRESS **17501 NE 9TH AVE**  
CITY-ST-ZIP **N MIAMI BCH FL**

TITLE ☐ Change ☒ Addition  
NAME **Pou Armando F.**  
STREET ADDRESS **9840 SW 81 Street**  
CITY-ST-ZIP **Miami, FL. 33173**

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: *Jose M. Pou* **REQUIRE Jose M. Pou**

**1/25/2002 (305) 448-3309**

CR2E037 (9/01)