

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90326 048 ****70.00

DOCUMENT # N95000005388

1. Entity Name
DIRECTORIO DEMOCRATICO CUBANO, INC.



Principal Place of Business

**10250 SW 56 ST
C203
MIAMI FL 33165
US**

Mailing Address

**10250 SW 56 ST
C203
MIAMI FL 33165
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0661049**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEIDT, MICHAEL
4000 HOLLYWOOD BOULEVARD
SUITE 735 SOUTH
HOLLYWOOD FL 33021**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
TITLE
NAME **FERNANDEZ DE CASTRO, JUAN JOSE** ☐ Delete
STREET ADDRESS **10250 SW 56 ST, C203**
CITY-ST-ZIP **MIAMI FL 33165**

VD
TITLE
NAME **DE TORO, Lorenzo III** ☐ Change ☒ Addition
STREET ADDRESS **10250 SW 56 ST, C203**
CITY-ST-ZIP **MIAMI, FL 33165**

SD
TITLE
NAME **RIVERO, JANISSET** ☐ Delete
STREET ADDRESS **10250 SW 56 STREET, C203**
CITY-ST-ZIP **MIAMI FL 33165**

☐ Change ☐ Addition

PD
TITLE
NAME **DE CESPEDES, JAVIER** ☐ Delete
STREET ADDRESS **10250 SW 56 ST, C203**
CITY-ST-ZIP **MIAMI FL 33165**

☐ Change ☐ Addition

NS
TITLE
NAME **GUTIERREZ, ORLANDO** ☐ Delete
STREET ADDRESS **10250 SW 56 STREET, C203**
CITY-ST-ZIP **MIAMI FL 33165**

☐ Change ☐ Addition

VD
TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

4/16/03

CR2E037 (10/02)