

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90438 006 \*\*\*\*61.25

C-1123

**DOCUMENT # N96000001912**

1. Entity Name

**PRODUCTORES DE AZUCAR DE CUBA, INC.**

Principal Place of Business

Mailing Address

**6255 BIRD ROAD  
 MIAMI FL 33155  
 US**

**6255 BIRD ROAD  
 MIAMI FL 33155  
 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

**65-0676545**

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

**ZULUETA, IGNACIO G  
 6255 BIRD RD  
 MIAMI FL 33155**

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 **ZUBILLAGA, CARLOS**  
 STREET ADDRESS **351 ALHAMBRA PLACE**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

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

TITLE **D** ☐ Delete  
 NAME **LOPEZ-SILVERO, JOSE E**  
 STREET ADDRESS **9682 FOUNTAINBLEAU BLVD SUITE 404**  
 CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE **D** ☐ Delete  
 NAME **BLANCO, FRANCISCO E**  
 STREET ADDRESS **180 ARAGON AVE 6TH FLOOR**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **10120 SW 93 AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ Delete  
 NAME **GASTON, CARLOS E**  
 STREET ADDRESS **1825 COUNTRY CLUB PARK**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **D** ☐ Delete  
 NAME **BLANCO, ALFREDO JR**  
 STREET ADDRESS **16 SEVILLA AVE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4250 INGRAHAM HIGHWAY**  
 CITY-ST-ZIP **COCONUT GROVE, FL 33133-6718**

TITLE **D** ☐ Delete  
 NAME **ZULUETA, FERNANDO**  
 STREET ADDRESS **212 SW 20TH RD**  
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Change ☐ 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: *Fernando Zulueta* **FERNANDO ZULUETA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-01 305-854-2014**  
 Date Daytime Phone #

CR2E037 (10/00)