

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002394

1. Entity Name

DEMOCRACY FOR CUBA, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90064 024 ****61.25

Principal Place of Business

8562 CURRY FORD
ORLANDO FL 32825

Mailing Address

8562 CURRY FORD
ORLANDO FL 32825-8426

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

59-3511610

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

BUSTAMANTE, TOMAS
8562 CURRY FORD
ORLANDO FL 32825

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 NAME	D BUSTAMANTE, TOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	8562 CURRY FORD	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE NAME	D SANTANA, SONNY	<input type="checkbox"/> Delete
STREET ADDRESS	12319 CORIANDER	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE NAME	D SOMOZA, DELIO	<input type="checkbox"/> Delete
STREET ADDRESS	7782 TOLEDO STREET	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: *Tomas Bustamante* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00

Date

407-273-0167

Daytime Phone #

CR2E037 (9/99)