

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

DOCUMENT # **N96000002394**

1. Entity Name

DEMOCRACY FOR CUBA, INC.



**FILED
Apr 30, 2003 8:00 am
Secretary of State**

04-30-2003 90059 021 ****61.25

Principal Place of Business

**8562 CURRY FORD
ORLANDO FL 32825**

Mailing Address

**8562 CURRY FORD
ORLANDO FL 32825**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3511610**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUSTAMANTE, TOMAS
8562 CURRY FORD
ORLANDO FL 32825**

7. Name and Address of New Registered Agent

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

TITLE **D**
NAME **BUSTAMANTE, TOMAS**
STREET ADDRESS **8562 CURRY FORD**
CITY-ST-ZIP **ORLANDO FL 32825**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **D**
NAME **SANTANA, SONNY**
STREET ADDRESS **12319 CORIANDER**
CITY-ST-ZIP **ORLANDO FL 32837**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **D**
NAME **CEPERO, ANGEL Z**
STREET ADDRESS **6220 S. ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **ORLANDO FL 32809**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SAVON, OSVALDO
7927 HARBOR BEND Circle
ORLANDO, FL 32822**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Tomas Bustamante* **RE**

4-25-03 407-273-0167

CR2E037 (10/02)