

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005694

1. Entity Name

COLEGIO DE ECONOMISTAS DE CUBA CORP.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90116 021 \*\*\*\*61.25

Principal Place of Business

~~1861 S.W. 36 AVE.~~  
~~MIAMI FL 33145~~  
~~US~~

Mailing Address

~~1861 S.W. 36 AVE.~~  
~~MIAMI FL 33145-1739~~  
~~US~~

2. Principal Place of Business

7930 S.W. 36th Street #23

3. Mailing Address

SAME AS place of

Suite, Apt. #, etc.

Suite 418

Suite, Apt. #, etc.

Business

City & State

MIAMI, Florida

City & State

4. FEI Number

65-0725620

Applied For

Not Applicable

Zip

33166

Country

U.S.A.

Zip

Country

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

CARRILLO, JORGE S  
1105 ALMERIA  
CORAL GABLES FL 33134

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

*Jorge S. Carrillo*

05/07/2000

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 DS  
NAME TABARES-FERNANDEZ, OFELIA ☒ Delete  
STREET ADDRESS 1861 SW 36TH AVE  
CITY-ST-ZIP MIAMI FL 33145

TITLE DS  
NAME FERNANDEZ-TORRIENTE, GASTON ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV  
NAME CARRILLO, JORGE S ☐ Delete  
STREET ADDRESS 1105 ALMERIA AVE  
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE DP  
NAME JORGE, ANTONIO ☐ Delete  
STREET ADDRESS 311 SW 27TH RD  
CITY-ST-ZIP MIAMI FL 33129

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

TITLE D  
NAME SHELTON, RAUL ☐ Delete  
STREET ADDRESS 1010 COUNTRY CLUB PRADO  
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE DV  
NAME PIEDRA, ALBERTO M ☐ Delete  
STREET ADDRESS 5707 KIRKWOOD DR  
CITY-ST-ZIP BETHESDA MD 20816

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

TITLE DT  
NAME FREYRE, JORGE ☐ Delete  
STREET ADDRESS GPO 287  
CITY-ST-ZIP SAN JUAN PR 00936

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:

*Jorge S. Carrillo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/07/2000 (305) 593-2555

CR2E037 (9/99)