

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005711

1. Entity Name

THE INSTITUTE FOR DEMOCRACY IN CUBA, INC.

Principal Place of Business

6262 SW 40 ST
STE. 3-D
MIAMI FL 33155

Mailing Address

6262 SW 40 ST
STE. 3-D
MIAMI FL 33155-4882

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

65-0716256

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

SANCHEZ-ABALLI, RAFAEL ESQ
1101 BRICKELL AVENUE
STE 1400
MIAMI FL 33131

Name **LEONARDO VIOTA SESIN, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)
7159 SW 8TH STREET

City **Miami** FL Zip Code **33144**

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

LEONARDO VIOTA SESIN, ESQ.

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 **SANCHEZ-ABALLI, RAFAEL**
STREET ADDRESS **1101 BRICKELL AVE., STE. 3-D**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **PENEIA, FRANCISCO JR.**
STREET ADDRESS **7400 SW 34 ST. RD.**
CITY-ST-ZIP **MIAMI, FL. 33155**

TITLE **D** ☐ Delete
NAME **SEIN, LEONARDO V**
STREET ADDRESS **7159 SW 8TH ST.**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **DIRECTOR** ☐ Change ☐ Addition
NAME **LEONARDO VIOTA SESIN**
STREET ADDRESS **7159 SW 8TH STREET**
CITY-ST-ZIP **MIAMI, FLORIDA 33144**

TITLE **D** ☐ Delete
NAME **HERNANDEZ-TRUJILLO, FRANCISCO**
STREET ADDRESS **1452 SW 14 ST**
CITY-ST-ZIP **MIAMI FL 33145**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

LEONARDO VIOTA SESIN, ESQ.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 265-1414

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)