

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000425

1. Entity Name

CUBAN FAMILY CLUB, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90020 024 \*\*\*\*61.25

Principal Place of Business

11300 NW 87TH CT BAY 152  
HIALEAH GDNS FL 33016  
US

Mailing Address

P O BOX 126728  
HIALEAH FL 33012-1612  
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

65-0764057

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

CARLOS PEREIRA  
716 W 32ND ST  
HIALEAH FL 33012

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 ESCAR, JESUS M.D.  
STREET ADDRESS 295 W 64TH ST  
CITY-ST-ZIP HIALEAH FL 33012

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

TITLE D ☐ Delete  
NAME PEREIRA, CARLOS D.V.M.  
STREET ADDRESS 716 W 32ND ST  
CITY-ST-ZIP HIALEAH FL 33012

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

TITLE D ☐ Delete  
NAME UTRILLA, ALFREDO J  
STREET ADDRESS 9907 NW 80TH WAY  
CITY-ST-ZIP HIALEAH GDNS FL 33016

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

TITLE D ☐ Delete  
NAME PEREZ, JUSTINO  
STREET ADDRESS 11345 SW 143RD CT  
CITY-ST-ZIP MIAMI FL 33186

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

TITLE D ☐ Delete  
NAME CASTRILLO, DOMINGO  
STREET ADDRESS 731 E 42ND ST  
CITY-ST-ZIP HIALEAH FL 33013

TITLE D ☒ Change ☐ Addition  
NAME Castrillo, Domingo  
STREET ADDRESS 18825 N.W. 82 Court  
CITY-ST-ZIP Miami, Fl. 33015

TITLE D ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Jose Coto  
STREET ADDRESS 52 S.W. 134 Court  
CITY-ST-ZIP Miami, Fl. 33184

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 another like empowered.

SIGNATURE: **SIGNATURE REQUIRED** JESUS ESCAR, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)