

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**  
04-12-2000 90039 028 \*\*\*\*70.00

**DOCUMENT #** N97000001097  
**1. Entity Name** HUMAN RIGHTS IN CUBA, INC.  
10302 NW 9 Street Circle Unit 203  
Miami, Fl. 33172

**Principal Place of Business** 10302 NW 9 St. Cir.  
Unit 203  
Miami, Fl. 33172  
**Mailing Address** 10302 NW 9 ST. Cir  
Unit 203  
Miami, Fl. 33172

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**  
**Zip** **Country**

**4. FEI Number** 65-0888332  
**Applied For** ☐ **Not Applicable** ☐

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
COSME DE LA TORRIENTE PA  
155 SW 25 Road  
Miami, Fl. 33129

**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.**

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DIRECTOR	CUADRA, ANGEL	5341 SW 5 Terrace	Miami, Fl. 33013	<input type="checkbox"/>
DIRECTOR	DOLGIER, GISELA	14910 SW 39 Street	Miami, Fl. 33184	<input type="checkbox"/>
DIRECTOR	FARBER SAMUEL	296 De Graw St	Brooklyn, NY 11231	<input type="checkbox"/>
DIRECTOR	PRINCE JOSE S	81-43 255 ST.	Floral Park, NY 33129	<input checked="" type="checkbox"/>
DIRECTOR	CASTILLO SIRO D	2250 SW 3 Ave. #201	Miami, Fl. 33129	<input type="checkbox"/>
DIRECTOR	RODRIGUEZ AMADO	2250 SW 3 Ave. #201		<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
DIRECTOR	RODRIGUEZ AMADO	10302 NW 9 ST CIR UNIT 203		<input checked="" type="checkbox"/>

**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:** *AMADO RODRIGUEZ* **DIRECTOR** **03-22-00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #