

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001097

1. Entity Name

HUMAN RIGHTS IN CUBA, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90121 038 *****70.00

0043239

Principal Place of Business

10302 NW 9 ST CIRCLE
UNIT 203
MIAMI FL 33172

Mailing Address

10302 NW 9 ST CIRCLE
UNIT 203
MIAMI FL 33172

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

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

DE LA TORRIENTE, COSME P.A.
155 S.W. 25TH 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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CUADRA, ANGEL
5341 SW 5 TERR.
MIAMI FL 33013 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DOLGICER, GISELA
14910 SW 39TH ST.
MIAMI FL 33184 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FARBER, SAMUEL
296 DE GRAW ST.
BROOKLYN NY 11231 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PRINCE, JOSE S
81-43 255 ST.
FLORAL PARK NY 11004 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CASTILLO, SIRO D
2250 SW 3RD AVE., STE. 201
MIAMI FL 33129 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RODRIGUEZ, AMADO
2250 SW 3RD AVE., STE. 201
MIAMI FL 33129 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

AMADO RODRIGUEZ / DIRECTOR

04-27-01

Date

Daytime Phone #

CR2E037 (10/00)