

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

003254

DOCUMENT # N97000001097

1. Entity Name

HUMAN RIGHTS IN CUBA, INC.



FILED

03 MAY -8 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000018845760
CITY-ST-ZIP 05/13/03--01061--034 **70.00

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

TITLE ☐ Change ☐ Addition
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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:

Signature of Amado Rodriguez
AMADO RODRIGUEZ DIRECTOR 04/24/03

CR2E037 (10/02)