

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002187

1. Entity Name

FACTS ABOUT CUBA'S TRUE SYSTEM, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90943 014 ****61.25

Principal Place of Business

814 PONCE DE LEON BLVD.
SUITE 300
CORAL GABLES FL 33134

Mailing Address

814 PONCE DE LEON BLVD.
SUITE 300
CORAL GABLES FL 33134-3033

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

65-0755333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUSOT, ALDO J
814 PONCE DE LEON BLVD.
SUITE 300
CORAL GABLES FL 33134

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 ☐ Delete
NAME **D**
STREET ADDRESS **BUSOT, ALDO J**
CITY-ST-ZIP **4840 BILTMORE DRIVE**
CORAL GABLES FL 33134

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BUSOT, ADRIANA B**
CITY-ST-ZIP **327 MENORES AVENUE**
CORAL GABLES FL 33134

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BUSOT, ALDO G**
CITY-ST-ZIP **327 MENORES AVENUE**
CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Aldo J. Busot
ALDO J. BUSOT 4/28/00 305-442-4658

CR2E037 (9/99)