

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001092

1. Entity Name

CLUB CUBANELECO, INC.

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90137 041 \*\*\*\*\*61.25

Principal Place of Business

7175 SW 8TH ST.  
213-214  
MIAMI FL 33144

Mailing Address

7175 SW 8TH ST.  
213-214  
MIAMI FL 33144

2. Principal Place of Business

Club-Cubaneleco-Inc.

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

213-214-210

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0838776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAMPOS CORONA, CALIXTO  
7175 SW 8TH ST.  
213-214  
MIAMI FL 33144

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 D ☐ Delete  
NAME CAMPOS CORONA, CALIXTO  
STREET ADDRESS 205 S.W. TAMiami CANAL RD.  
CITY-ST-ZIP MIAMI FL 33144

TITLE D ☐ Delete  
NAME DIAZ, RENE L  
STREET ADDRESS 350 TAMiami BLVD.  
CITY-ST-ZIP MIAMI FL 33144

TITLE D ☐ Delete  
NAME ASSEF, MANUEL  
STREET ADDRESS 4711 S.E. 5TH TERRACE  
CITY-ST-ZIP MIAMI 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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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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

3/5/01

Date

Daytime Phone #

0001062

CR2E037 (10/00)