

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002686

1. Entity Name

CUBAN AMERICAN & INTERNATIONAL ARTIST ASSOCIATIO

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90220 006 ****61.25

Principal Place of Business

Mailing Address

549 MERIDIAN AVENUE SUITE 1
MIAMI BEACH FL 33139

549 MERIDIAN AVENUE SUITE 1
MIAMI BEACH FL 33139-6449

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

65-0885208

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

7. Name and Address of New Registered Agent

GORDON, JORGE M
549 MERIDIAN AVE.
STE 1
MIAMI FL 33139

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME GORDON, JORGE M
STREET ADDRESS 549 MERIDIAN AVE. #1
CITY-ST-ZIP MIAMI FL 33139

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

TITLE VPD ☐ Delete
NAME TOBAR, CLAUDIA A
STREET ADDRESS 549 MERIDIAN AVE. #1
CITY-ST-ZIP MIAMI FL 33139

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

TITLE ST ☐ Delete
NAME GORDON, JORGE L
STREET ADDRESS 3061 NW 184 STREET
CITY-ST-ZIP OPA LOCKA FL 33056

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

TITLE TT ☐ Delete
NAME VALVERDE, MARTHA
STREET ADDRESS 453 NE 210 TERRACE
CITY-ST-ZIP N. MIAMI BEACH FL 33179

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

TITLE D ☐ Delete
NAME SARDINAS, FREDO
STREET ADDRESS 11520 SW 184 ST.
CITY-ST-ZIP MIAMI FL 33179

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

TITLE D ☐ Delete
NAME DIAKOW, MARCEL
STREET ADDRESS 5838 SW 74TR #115
CITY-ST-ZIP MIAMI FL 33143

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)