

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-02-2001 90277 040 ****61.25

DOCUMENT # N98000003438

1. Entity Name

CIBONEY TRIBE, INC.

Principal Place of Business

**8614 SOUTHWEST 148TH PLACE
 MIAMI FL 33193**

Mailing Address

**8614 SOUTHWEST 148TH PLACE
 MIAMI FL 33193**

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

65-0843798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALT, JORGE L
 8614 SW 148 PL
 MIAMI FL 33193**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 SALT, JORGE L
 8614 SOUTHWEST 148TH PLACE
 MIAMI FL 33193** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 SALT, TAMARA
 8614 SOUTHWEST 148TH PLACE
 MIAMI FL 33193** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 Hernandez, Eddie
 13515 SW 73 Trac
 Miami, Florida 33183** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 CUNILL, ROBERT
 5300 W 4 LANE
 HIALEAH FL 33012** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 Salt, Tamara
 8614 SW 148 Place
 Miami, Florida 33193** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 VAZQUEZ, ROSA M
 5300 W 4 LANE
 HIALEAH FL 33012** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 Perez, Ydaly
 8614 SW 148 Place
 Miami, Florida 33193** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01

305/408-5982

Date

Daytime Phone #

CR2E037 (10/00)