

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90428 008 \*\*\*\*61.25

**DOCUMENT # N99000000571**  
 1. Entity Name  
**CUBAN AMERICAN HERITAGE FESTIVAL, INC.**

Principal Place of Business      Mailing Address  
**5570 THIRD AVENUE**      **5570 THIRD AVENUE**  
**KEY WEST FL 33040**      **KEY WEST FL 33040**

**33460**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**65-0889930**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**HIGSMITH, ROBERT E**  
**1315 WHITEHEAD STREET**  
**KEY WEST FL 33040**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>SALINERO, FRED</b> <b>5570 THIRD AVENUE</b> <b>KEY WEST FL 33040</b> <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>PADRON, ROBERT</b> <b>5570 THIRD AVENUE</b> <b>KEY WEST FL 33040</b> <i>X Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>HENSON, STEVE</b> <b>5570 THIRD AVENUE</b> <b>KEY WEST FL 33040</b> <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Jose Gonzalez</i> <b>5570 Third Ave</b> <b>Key West, FL 33040</b> <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>Jose Gonzalez</b> <b>5570 Third Ave</b> <b>Key West FL 33040</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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 reports 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 liquidator 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**      **2-8-01**      **305-294-7618**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #