

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90108 040 ****61.25

DOCUMENT # N99000001406

1. Entity Name

RAICES CUBANAS PUBLISHING, CORP.

Principal Place of Business

Mailing Address

**731 ORIOLE AVENUE
MIAMI SPRINGS FL 33166**

**731 ORIOLE AVENUE
MIAMI SPRINGS FL 33166**

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

65-0950857

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

**GARROTE, ARTURO
3637 SOUTH MIAMI AVENUE
#441
MIAMI FL 33133**

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 **VPT** ☐ Delete
NAME **RODRIGUEZ, IRA ESTRELLA**
STREET ADDRESS **731 ORIOLE**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

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

TITLE **VPD** ☐ Delete
NAME **SERPA, MANUEL M**
STREET ADDRESS **8025 N.W. 7TH ST. APT 303**
CITY-ST-ZIP **MIAMI FL 33128**

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

TITLE **PD** ☐ Delete
NAME **JERONIMO, ALVAREZ**
STREET ADDRESS **25045 SW 197TH AVENUE**
CITY-ST-ZIP **HOMESTEAD FL 33031**

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

TITLE **T** ☐ Delete
NAME **HERNANDEZ, ROBERT**
STREET ADDRESS **10909 NW 69TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33178**

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

TITLE **S** ☒ Delete
NAME **GARROTE, ARTURO**
STREET ADDRESS **3637 SOUTH MIAMI AVENUE, #441**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☒ Change ☐ Addition
NAME **S Rev Reuseta, Guillermo**
STREET ADDRESS **731 Oriole Ave**
CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
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] **NEEDS ESTAGILA Rodriguez Vicepresident 4/26/02 888-3653**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)