

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90059 003 ***61.25

DOCUMENT # NA9000002118 ✓
1. Entity Name MISSION: CUBA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6464 CABALLERO BL
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL
Zip
33146 Country
USA

4. FEI Number
65-0915462
Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CARLOS F. DE MENDIA
Street Address (P.O. Box Number is Not Acceptable)
6464 CABALLERO BL
City
MIAMI FL Zip Code
33146

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] CARLOS F. DE MENDIA 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

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 P-CARLOS F. DE MENDIA
STREET ADDRESS
6464 CABALLERO BL
CITY-ST-ZIP
MIAMI, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME VP MARCOS A. PEREZ
STREET ADDRESS
808 BRICKELL DR. - APT 3101
CITY-ST-ZIP
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ~~SARLEDO GARCIA~~ IRMA A. DE MENDIA
STREET ADDRESS
6464 CABALLERO, MIAMI FL
CITY-ST-ZIP
33146

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like amendments.

SIGNATURE: [Signature] CARLOS F. DE MENDIA 4/30/02 305 6677442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)