

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002464

1. Entity Name

CUBAN GOVERNMENT IN EXILE, INC.

Principal Place of Business

611 W. AZEELE ST.  
TAMPA FL 33606

Mailing Address

611 W. AZEELE ST.  
TAMPA FL 33606-2205

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

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

SMITH, H. STRATTON III, ESQ  
611 W. AZEELE ST.  
TAMPA FL 33606

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 D ☐ Delete  
NAME MIJARES, JOSE A MD  
STREET ADDRESS 2413 BAYSHORE BLVD., APT. 706  
CITY-ST-ZIP TAMPA FL 33629-7334

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

TITLE D ☐ Delete  
NAME RODRIGUEZ, ORLANDO  
STREET ADDRESS 13902 DENELL LANE  
CITY-ST-ZIP TAMPA FL 33624

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

TITLE D ☐ Delete  
NAME FERNANDEZ, OSBERTO MD  
STREET ADDRESS 5607 MAGALLON DR.  
CITY-ST-ZIP TAMPA FL 33625

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

TITLE D ☐ Delete  
NAME HAMPTON, WARREN  
STREET ADDRESS 520 ROYAL GREEN DRIVE  
CITY-ST-ZIP TAMPA FL 33617

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

TITLE D ☐ Delete  
NAME PEREZ, EDUARDO  
STREET ADDRESS 4943 FISHER ISLAND DRIVE, FISHER ISLAND  
CITY-ST-ZIP MIAMI FL 33105

TITLE ☒ Change ☐ Addition  
NAME PEREZ, EDUARDO  
STREET ADDRESS  
CITY-ST-ZIP

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:

JOSE A. MIJARES, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 20, 2000

Date

Daytime Phone #

(813) 254-591

CR2E037 (9/99)