

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003780

1. Entity Name

PUENTES CUBANOS INC.

FILED
Feb 27, 2000 8:00 am
Secretary of State

02-27-2000 90079 004 ****61.25

Principal Place of Business

Mailing Address

1925 BRICKELL AVE.,TH #17
MIAMI FL 33129

1925 BRICKELL AVE.,TH #17
MIAMI FL 33129-1737

2. Principal Place of Business

3. Mailing Address

1925 BRICKELL AVE.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33129

USA

4. FEI Number

65-0931328

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

WILHELM, SILVIA
1925 BRICKELL AVE.,TH #17
MIAMI FL 33129

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	DR/CEO/NEW WORLD HEALTH CARE SOLUTIONS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES C. WILHELM	
STREET ADDRESS	1925 BRICKELL AVE TH 17	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	SR. RESEARCH ASSOCIATE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAX CASTRO	
STREET ADDRESS	UNIV OF MIAMI / N/S CENTER	
CITY-ST-ZIP	MIAMI FL	
TITLE	ATTORNEY AT LAW	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID CLERIAN	
STREET ADDRESS	JENKINS + GILCHRIST, 100 W. HOUSTON ST STE 140	
CITY-ST-ZIP	SAN ANTONIO, TX 78205	
TITLE	EXECUTIVE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUSTAVO F. ARAZO	
STREET ADDRESS	US/COMOS, 401 F ST NW ROOM 331	
CITY-ST-ZIP	WASHINGTON DC 20001-2728	
TITLE	SR. FELLOW	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANA JULIA JATAE	
STREET ADDRESS	INTER-AMERICAN DIAMONDE, 1211 CONN. AVE STE 510	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	CUBA PROGRAM DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LILIAN PUBLONIS	
STREET ADDRESS	INTER-AMERICAN DIAMONDE, MIAMI AVE STE 510	
CITY-ST-ZIP	WASHINGTON DC 20036	

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:

Silvia Wilhelm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

Date

305 858-4002

Daytime Phone #

CR2E037 (9/99)