

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90027 047 ****61.25

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DOCUMENT # N99000003780

1. Entity Name

PUENTES CUBANOS INC.

LA

Principal Place of Business

1925 BRICKELL AVE.,TH #17
 MIAMI FL 33129

Mailing Address

1925 BRICKELL AVE.,TH #17
 MIAMI FL 33129

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

65-0931328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

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

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
 NAME **DC**
WILHELM, CHARLES C ☐ Delete
 STREET ADDRESS
1925 BRICKELL AVE
 CITY-ST-ZIP
MIAMI FL 33139

TITLE
 NAME **MRS** ☐ Change ☐ Addition
ELIZA GREENBERG
 STREET ADDRESS
13635 SW DEERING BAY DR. STE 274
 CITY-ST-ZIP
CORAL GABLES FL 33158

TITLE
 NAME **SRA** ☐ Delete
CASTRO, MARK
 STREET ADDRESS
UNIV OF MIAMI /N/SCWTEE
 CITY-ST-ZIP
MIAMI FL 33139

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

TITLE
 NAME **AAL** ☐ Delete
CEBRIAN, DAVID
 STREET ADDRESS
100 W HOUSTON ST STE 1400
 CITY-ST-ZIP
SAN ANTONIO TX 78205

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

TITLE
 NAME **ED** ☐ Delete
AZAOZ, GUSTAVO F
 STREET ADDRESS
401 F STREET NW ROOM 331
 CITY-ST-ZIP
WASHINGTON DC 20001

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

TITLE
 NAME **SF** ☐ Delete
JATAR, ANA J
 STREET ADDRESS
1211 CONN. AVE STE 510
 CITY-ST-ZIP
WASHINGTON DC 20036

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

TITLE
 NAME **CPD** ☐ Delete
PUBILLONES, LILLIAN
 STREET ADDRESS
1211 CONN. AVE STE 510
 CITY-ST-ZIP
WASHINGTON DC 20036

TITLE
 NAME ☐ Change ☐ Addition
 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:

Silvia Wilhelm

7/17/01 305 858-4002

CR2E037 (10/00)