

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

5/

05-12-2003 90200 013 \*\*\*\*61.25

**DOCUMENT # N99000003780**

1. Entity Name

**PUENTES CUBANOS INC.**



Principal Place of Business  
**1925 BRICKELL AVE..TH #17**  
**MIAMI FL 33129**

Mailing Address  
**1925 BRICKELL AVE..TH #17**  
**MIAMI FL 33129**

**55048394**

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**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **MD**  
NAME **WILHELM, CHARLES C**  
STREET ADDRESS **1925 BRICKELL AVE**  
CITY-ST-ZIP **MIAMI FL 33139**

☐ Delete

TITLE **CEO**  
NAME **LUIS MOSQUERA**  
STREET ADDRESS **1372 S. Western Way**  
CITY-ST-ZIP **Miami Beach FL 33139**

☐ Change

☒ Addition

TITLE **SRA**  
NAME **CASTRO, MAX**  
STREET ADDRESS **UNIV OF MIAMI /NSCWTEE**  
CITY-ST-ZIP **MIAMI FL 33139**

☐ Delete

TITLE **ED**  
NAME **ELISA SPANBERG**  
STREET ADDRESS **10283 LEXINGTON ESTATE BLVD**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

☐ Change

☒ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

*STANLEY B. JACKSON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/8/03 305 858 4002**

Date Daytime Phone #

CR2E037 (10/02)