

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

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08-11-2003 90289 006 \*\*\*\*61.25

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1. Entity Name

CUBA FOR KIDS FOUNDATION, INC.



03 AUG 15 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

8040 SW 54 CRT.  
MIAMI FL 33143

Mailing Address

8040 SW 54 CT  
MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0947576

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

ROQUE VELASCO, ISMAISMAEL  
1500 SAN REMO AVENUE  
SUITE 177  
CORAL GABLES FL 33146

Name ISMAEL ROQUE-VELASCO

Street Address (P.O. Box Number is Not Acceptable)  
8040 SW 54th COURT

City MIAMI

FL Zip Code 33143

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

*Ismael Roque-Velasco*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/4/03

DATE

FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25

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 PD  
NAME ROQUE-VELASCO, ISMAEL ☐ Delete  
STREET ADDRESS 8040 SW 54 CRT.  
CITY-ST-ZIP MIAMI FL 33143

TITLE DIRECTOR  
NAME CECILIA HERNANDEZ ☐ Change ☒ Addition  
STREET ADDRESS 8040 SW 54th COURT  
CITY-ST-ZIP MIAMI FL 33143

TITLE SD  
NAME ROQUE, TERESITA B ☐ Delete  
STREET ADDRESS 8040 SW 54 CRT.  
CITY-ST-ZIP MIAMI FL 33143

TITLE DIRECTOR  
NAME ALICE SOLARANA ☐ Change ☒ Addition  
STREET ADDRESS 8040 SW 54 CT.  
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Ismael Roque-Velasco*  
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (4/03)