2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am Secretary of State DOCUMENT # **N9900007561** 05-28-2002 90710 012 ****61 25 CUBAN DEMOCRATIC COUNSIL, INC. Principal Place of Business Mailing Address 2100 PONCE DE LEON BLVD. 2100 PONCE DE LEON BLVD. SUITE 1170-A **SUITE 1170-A** CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0970204 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Name Street Address (P.O. Box Number is Not Acceptable) ALONSO-POCH, MANUEL P.A. 2100 PONCE DE LEON BLVD. **SUITE 1170-A** City CORAL GABLES FL 33134 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change (9/01) ☐ Addition NAME ALONSO-POCH, MANUEL NAME STREET ADDRESS 2100 PONCE DE LEON BLVD. STREET ADDRESS **CR2E037** CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE 🔀 Delete TITLE Change Addition NAME **BISMARK, ROBERTO** NAME STREET ADDRESS 2100 PONCE DE LEON BLVD. STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP-TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Montaner, Ruth NAME STREET ADDRESS 2100 PONCE DE LEON BLVD. STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME SOLANO, LAZARO NAME STREET ADDRESS 2100 PONCE DE LEON BLVD. STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP ■ Delete TITLE ☐ Change ☐ Addition NAME **BORGES, ROLANDO** NAME STREET ADDRESS 2100 PONCE DE LEON BLVD. STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

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

(305) 448.4083

FILED