

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000018679

1. Entity Name

CUBAN MASTERS COLLECTION, INC.

Principal Place of Business

**7003 N. Waterway Dr.
Suite 207
Miami, Fl. 33155**

Mailing Address

Same

2. Principal Place of Business

**7003 N. Waterway Dr.
Suite, Apt. #, etc.
207**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Fla.

City & State

Zip

33155

Country

USA

Zip

Country

4. FEI Number

65-0987397

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

**Lidia Ramos
7003 N. Waterway Dr.
#204
Miami, Fla. 33155**

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Roberto Ramos
10936 SW 71 St
Miami, Fl. 33173**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary/Treasurer
Lidia Ramos
10936 SW 71 St
Miami, Fl. 33173**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Chairman
Carlos Ramos
4444 SW 67 Ave #26
Miami, Fl. 33155**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lidia Ramos

4/13/01

Date

(305) 260-4565

Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90064 011 ***158.75

C0049290

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)