

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000018679

1. Entity Name

CUBAN MASTERS COLLECTION, INC.

Principal Place of Business

Mailing Address

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

Same

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

65-0987397

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Jorge Cervino

Street Address (P.O. Box Number is Not Acceptable)

3963 SW 60 Ave.

City

Miami

FL

Zip Code

33155

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

JORGE CERVINO REGISTERED AGENT

(NOTE: Registered Agent signature required when reinstating)

DATE

9/13/01

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

President

☐ Delete

NAME

Roberto Ramos

STREET ADDRESS

10936 SW 71 St

CITY-ST-ZIP

Miami, FL 33173

TITLE

Secretary/Treasurer

☒ Delete

NAME

Lidia Ramos

STREET ADDRESS

10936 SW 71 St

CITY-ST-ZIP

Miami, FL 33173

TITLE

Chairman

☒ Delete

NAME

Carlos Ramos

STREET ADDRESS

4444 SW 67 AVE #26

CITY-ST-ZIP

Miami, FL 33155

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Roberto Ramos

9/13/01

(305) 260-4565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

01 SEP 18 AM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (11/00)