FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2004 8:00 am
Secretary of State
04-08-2004 90017 026 ***158.75

DOCUMENT # P00000018679

1. Entity Name
Cuban Masters Collection, Inc.

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240376?5

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2. Principal Place of Business	3. Mailing Address
7003 N WaterWay Dr	7003 N Waterway Dr
Suite, Apt. #, etc.: 207	Suite, Apt. #, etc.: 207
City & State: Miami, Fl	City & State: Miami,Fl
Zip: 33155 Country: USA	Zip: 33155 Country: USA

4. FEI Number: 65-0987397 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Jorge Cervino

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

3963 SW 60 Avenue

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Ramos,Roberto 10936 SW 71 St Miami, Fl 33173
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Ramos,Lazaro 4444 SW 67 ave # 26 Miami, Fl 33155
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04-05-2004 305-389-8437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #