

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90045 004 ***150.00

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1. Entity Name

SIBONEY USA/MIAMI, INC.



Principal Place of Business

**1401 BRICKELL AVENUE SUITE 1100
MIAMI FL 33131**

Mailing Address

**1401 BRICKELL AVENUE SUITE 1100
MIAMI FL 33131**

94032347



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1000831

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

**CUBAS, MERCEDES
1401 BRICKELL AVE
SUITE 1100
MIAMI FL 33131**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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 CCEP ☐ Delete
NAME CUBAS, JOSE M
STREET ADDRESS 1401 BRICKELL AVE., SUITE 1100
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete
NAME CUBAS, EDITH
STREET ADDRESS 14001 BRICKELL AVE., SUITE 1100
CITY-ST-ZIP MIAMI FL 33131

TITLE S ☒ Delete
NAME CANNON, ERIN A
STREET ADDRESS 1401 BRICKELL AVE., SUITE 1100
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete
NAME CUBAS, MERCEDES
STREET ADDRESS 1401 BRICKELL AVE., SUITE 1100
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE S ☒ Change ☐ Addition
NAME ONECA, ALEXIS R
STREET ADDRESS 1401 Brickell Ave. Suite 1100
CITY-ST-ZIP Miami, FL 33131

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

TITLE ☐ Change ☐ Addition
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 607, 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:

JOSE M CUBAS

MARCH 15, 2004

305 361-0333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #