

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90164 038 ***150.00

DOCUMENT # P00000057517

1. Entity Name

CUBA GUIA, INC.

Principal Place of Business

**606 WEST 81ST STREET
APT E-118
HIALEAH FL 33014**

Mailing Address

**606 WEST 81ST STREET
APT E-118
HIALEAH FL 33014**

2. Principal Place of Business

4696 E. 10th Court

Suite, Apt. #, etc.

3. Mailing Address

4696 E. 10th Court

Suite, Apt. #, etc.

City & State
Hialeah, FloridaZip
33013Country
Miami-DadeCity & State
Hialeah, FloridaZip
33013Country
Miami-Dade

4. FEI Number

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****FARRUGIA, LUIS H
606 WEST 81ST STREET
APT E-118
HIALEAH FL 33014****7. Name and Address of New Registered Agent**Name **Vicente Pedro Rodríguez**

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

115 West 38th StreetCity **Hialeah****FL**Zip Code
33012

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

4-10-20019. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARRUGIA, LUIS H 606 WEST 81ST STREET APT. E-118 HIALEAH FL 33014	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, ANA 331 SWALLOW DRIVE APT 11 MIAMI SPRINGS FL 33266-0114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rodriguez, Vicente Pedro 115 West 38th Street Hialeah, Florida 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:**Vicente P. Rodriguez****4-10-2001****(305) 687-5555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)