

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000067364**

1. Entity Name
I LOVE CUBA INC.



**FILED
Apr 07, 2003 8:00 am
Secretary of State**

04-07-2003 90888 001 *1,350.00

Principal Place of Business
**4100 NE SECOND AVE.
#206
MIAMI FL 33137**

Mailing Address
**4100 NE SECOND AVE.
#206
MIAMI FL 33137**

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

03-0463850

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TURNER, ROBERTA B
4100 NE SECOND AVE.
#206
MIAMI FL 33137**

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, 2003 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

**DIRECTOR
ROBERTA BARCLAY TURNER
4100 NE SECOND AVE #206
MIAMI, FL 33137**

Delete

Delete

Delete

Delete

Delete

Delete

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**DIRECTOR
ROBERTA BARCLAY TURNER
4100 NE SECOND AVE #206
MIAMI, FL 33137**

Change Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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: SIGNATURE REDACTED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/02 305-573-9996

Daytime Phone #