2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQU

FILED May 30, 2000 8:00 am Secretary of State DOCUMENT # **P22757** 1. Entity Name CUBAN AMERICAN FOUNDATION, INC. 05-30-2000 90112 036 ****61.25 Principal Place of Business Mailing Address 7300 N.W. 35TH TERRACE 7300 N.W. 35TH TERRACE SUITE 105 SUITE 105 MIAMI FL 33122-1241 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address 250 SW 27Aren Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 406 4. FEI Number Applied For City & State City & State 52-1268149 Not Applicable M_{13m} Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 38185 1.5.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Francisco Hernandez. Street Address (P.O. Box Number is Not Acceptable) Hernandez, Francisco COSTA, JOSE ANTONIO, JR. 1250 S.W 274ren #406 1250 SiW 27Arm #404 22290 S.W. 162ND AVENUE GOULDS FL 33170 Zip Code 33/3S MIAMI 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 Fiorida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE HERNANDEZ . FRANCISCO NAME NAME COSTA, JOSE ANTONIO, JR 1250 S.W 27 Aren Suite STREET ADDRESS STREET ADDRESS 22290 SW 162ND AVE CITY-ST-ZIP MIAMI FI CITY-ST-ZIP 33/35 **GOULDS FL** ☐ Delete Change ☐ Addition TITLE SD TITLE Costa Jose ANTONIOJY NAME NAME MOREIRA, DOMINGO STREET ADDRESS STREET ADDRESS 12505.W 27 A ron Suite 406 815 NW 57 AVE., STE. 200 CITY-ST-ZIP CITY-ST-ZIP MIAM! EL Change - Addition ☐ Delete TITLE FOYO. Feliciano M. 12505.W2.7 Aren TITLE TD NAME NAME MARINO, ALBERTO STREET ADDRESS STREET ADDRESS MIAMIFI 7300 N.W. 35TH TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Daytime Phone #