

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P22757**

1. Entity Name

CUBAN AMERICAN FOUNDATION, INC.**FILED**
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90086 047 ****61.25

0037540

Principal Place of Business

Mailing Address

1250 SW 27 AV
406
MIAMI FL 33135
US7300 N.W. 35TH TERRACE
SUITE 105
MIAMI FL 33122**C0040703**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1268149

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HERNANDEZ, FRANCISCO
1250 SW 27 ARON 406
MIAMI FL 33135

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	HERNANDEZ, FRANCISCO	1250 SW 27 ARON SUITE 406	MIAMI FL 33135	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	COSTA, JOSE A J	1250 SW 27 ARON SUITE 406	MIAMI FL 33135	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	FOYO, FELICIANO M	1250 SW 27 AREN	MIAMI FL 33135	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)