

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90246 042 ***158.75

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1. Entity Name
CONSOLIDATED CUBAN OIL AND GAS RIGHTS CORPORATION



Principal Place of Business
2655 LE JUENE ROAD
SUITE 500
CORAL GABLES FL 33134
US

Mailing Address
P.O. BOX 143557
CORAL GABLES FL 33114
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0622197**

☐ Applied For
☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASVIDAL, ALBERTO D
2655 LE JEUNE ROAD
SUITE 500
CORAL GABLES FL 33134

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSCD** ☐ Delete
NAME **DIAZ-MASVIDAL, ALBERTO**
STREET ADDRESS **2655 LE JUENE ROAD SUITE 500**
CITY-ST-ZIP **MIAMI FL 33134**

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

TITLE **DVP** ☐ Delete
NAME **MASVIDAL, GERTRUDIS**
STREET ADDRESS **2655 LE JUENE ROAD SUITE 500**
CITY-ST-ZIP **MIAMI FL 33134**

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

TITLE **D** ☐ Delete
NAME **CRICHTON, JACK**
STREET ADDRESS **10830 N CENTRAL EXPRESS, STE 175**
CITY-ST-ZIP **DALLAS TX 35231**

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

TITLE **VS** ☐ Delete
NAME **GUTIERREZ, NICOLE**
STREET ADDRESS **1101 BRICKELL AVENUE, SUITE 1460**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ Change ☐ Addition
NAME **V5 GUTIERREZ, NICOLAS**
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE, SUITE 200**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **D** ☒ Delete
NAME **ELTORE, REYNALDO**
STREET ADDRESS **8270 SW 31ST**
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **DVP VISSER, MARIA M**
STREET ADDRESS **2655 LE JEUNE RD SUITE 500**
CITY-ST-ZIP **CORAL GABLES FL, 33134**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MASVIDAL ALBERTO

Date

Daytime Phone #

4/28/03 (806) 461-1772

CR2E034 (10/02)