

2001 **UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90031 021 ***150.00

DOCUMENT # P98000077421

1. Entity Name

CUBA LIBRE USA CORPORATION**A0055180**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2. Principal Place of Business

7500 N.W. 25 STREET

3. Mailing Address

6800 S.W. 40 STREET

Suite, Apt. #, etc.

SUITE 208

Suite, Apt. #, etc.

#132

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0861887

Applied For

Not Applicable

Zip

33122

Country

U.S.A.

Zip

33155

Country

U.S.A.5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDREAS POSCHL
20320 S.W. 79 AVENUE
MIAMI, FLORIDA 33189**

7. Name and Address of New Registered Agent

Name

JOHN DRESZER

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

7500 N.W. 25th STREET**SUITE 208**

City

MIAMI**FL**

Zip Code

33155

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

9. 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, 2000 Fee will be \$550.00****Make Check Payable to Department of State**

10. Election Campaign Financing

Trust Fund Contribution. ☐**\$5.00** May Be

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	ANDREAS POSCHL	
STREET ADDRESS	20320 S.W. 79 AVENUE	
CITY-ST-ZIP	MIAMI, FLORIDA 33189	

TITLE	PRESIDENT, SECRETARY, DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN DRESZER	
STREET ADDRESS	7500 N.W. 25th STREET, #208	
CITY-ST-ZIP	MIAMI, FLORIDA	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-01 954-925-1397

Date

Daytime Phone #

CR2E034 (9/99)