

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90149 027 ***150.00

DOCUMENT # V056078 ✓

1. Entity Name

Cuban American Golfer's Association

041014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

782 NW 42 AVE

3. Mailing Address

782 NW 42 AVE

Suite, Apt. #, etc.

545

Suite, Apt. #, etc.

545

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Country

USA

Zip

33126

Country

USA

4. FEI Number

65-0305876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Emilio Alvarez

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

782 NW 42 AVE #545

City

Miami

FL

Zip Code

33126

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

Emilio A. Alvarez

4/15/02

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<u>President</u>
NAME	<u>Emilio A. Alvarez</u>
STREET ADDRESS	<u>782 NW 42 AVE #545</u>
CITY-ST-ZIP	<u>Miami, FL 33126</u>
TITLE	<u>Vice President</u>
NAME	<u>Roselio Consuegra</u>
STREET ADDRESS	<u>6615 SW 47 ST</u>
CITY-ST-ZIP	<u>Miami, FL 33155</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Emilio A. Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

(305) 444-6503

Daytime Phone #

CR2ED34B (12/01)