

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**  
(Section 106.022, F.S.)

OFFICE USE ONLY


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CITY OF MIAMI

- Original Appointment       Change of Appointment  
 Change of Mailing Address       Change of Physical Address

**Registered Agent and Office Information**

Name Juan Cuba		Telephone 305-761-6650
Street Address 165 Ponce de Leon Blvd		
City Coral Gables	State FL	Zip Code 33134
Mailing Address 165 Ponce de Leon Blvd		
City Coral Gables	State FL	Zip Code 33134

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

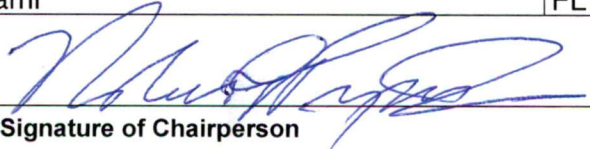
  
\_\_\_\_\_  
Signature of Registered Agent      01/30/2020  
Date

**Former Registered Agent and Office Information (for changes only)**

Name		Telephone
Street Address		
City	State	Zip Code

**Committee or Organization Information**

Name of Committee or Organization Take Back Our City		
Street Address 1401 SW 17th Ter.		Telephone 786-250-1160
City Miami	State FL	Zip Code 33145

  
\_\_\_\_\_  
Signature of Chairperson

Robert F. Piper III      01/30/2020  
Printed Name of Chairperson      Date