

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90072 018 \*\*\*\*61.25

**DOCUMENT # 752656**

1. Entity Name

**ASSOCIATION OF CUBAN HOME ECONOMICS SCHOOL IN E**

Principal Place of Business

Mailing Address

**IN EXILE, INC.  
 115 NW 59 CT.  
 MIAMI FL 33126**

**IN EXILE, INC.  
 115 NW 59 CT.  
 MIAMI FL 33126-4747**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2064384**

Applied For

Not Applicable

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

**CALZADO, YOLANDA SEEMANN  
 115 NW 59 CT.  
 MIAMI FL 33126**

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 \$61.25**

9. 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  Delete  
 NAME **PD CALZADO, YOLANDA SEEMANN**  
 STREET ADDRESS **115 N.W. 59TH COURT**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD PIZZI, CARMELA**  
 STREET ADDRESS **1211 SW 78 PLACE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD SANCHEZ, SONNIA**  
 STREET ADDRESS **10644 S.W. 6TH ST.**  
 CITY-ST-ZIP **MIAMI FL 33174**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VSD NODA, LOURDES**  
 STREET ADDRESS **13108 NW 10TH LN**  
 CITY-ST-ZIP **MIAMI FL 33182**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD PADILLA, MARIAM**  
 STREET ADDRESS **3855 S.W. 128 AVE.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VTD PAZOS, MERCEDES**  
 STREET ADDRESS **6886 SW 88 ST., APT D-104**  
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Yolanda Seemann Calzado*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*03/08/2000 305-262-0795*  
 Date Daytime Phone #

CR2E037 (9/99)