

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90038 037 ****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

2. Principal Place of Business
1211 S.W. 78 PL.

3. Mailing Address
P.O. BOX 652221

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number
59-2064384

Applied For
 Not Applicable

Zip
33144

Country
U.S.A.

Zip
33265-2221

Country
U.S.A.

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
CARMELA PIZZI SANTURIO
 Street Address (P.O. Box Number is Not Acceptable)
1211 S.W. 78 PL.
 City
MIAMI FL Zip Code
33144

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 *Carmela Santurio*, **PRESIDENT**

03/15/01

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	CALZADO, YOLANDA SEEMANN	115 N.W. 59TH COURT	MIAMI FL	<input type="checkbox"/>
VPD	PIZZI, CARMELA	1211 SW 78 PLACE	MIAMI FL	<input checked="" type="checkbox"/>
SD	SANCHEZ, SONNIA	10644 S.W. 6TH ST.	MIAMI FL 33174	<input checked="" type="checkbox"/>
VSD	NODA, LOURDES	13108 NW 10TH LN	MIAMI FL 33182	<input checked="" type="checkbox"/>
TD	PADILLA, MARIAM	3855 S.W. 128 AVE.	MIAMI FL	<input checked="" type="checkbox"/>
VTD	PAZOS, MERCEDES	6886 SW 88 ST., APT D-104	MIAMI FL 33156	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	CARMELA PIZZI SANTURIO	1211 S.W. 78 PLACE	MIAMI, FL 33144	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	AIDA ORTA	14947 S.W. 142 CT	MIAMI, FL 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	MERCEDES PAZOS	6886 S.W. 88 ST. APT D-104	MIAMI, FL 33156	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VSD	BERTA ARCE	931 TBIS AVE.	MIAMI SPRINGS, FL 33166	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	MIRIAM PADILLA	3855 S.W. 128 AVE.	MIAMI, FL 33175	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VTD	CARMEN QUIRCH	3191 S.W. 24 ST.	MIAMI, FL 33145	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 *Carmela Santurio*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01 **305 2671485**
 Date Daytime Phone #

CR2E037 (10/00)