

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90065 021 \*\*\*61.25

**DOCUMENT # 752656**

1. Entity Name

**ASSOCIATION OF CUBAN HOME ECONOMICS SCHOOL IN E XILE, INC.**

Principal Place of Business

Mailing Address

**1211 SW 78 PLACE  
 MIAMI FL 33144**

**P.O. BOX 652221  
 MIAMI FL 33265-2221**

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

**SANTURIO, CARMELA PIZZI  
 1211 SW 78 PLACE  
 MIAMI FL 33144**

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 **VPD**  Delete  
 NAME **ORTA, ALDA**  
 STREET ADDRESS **14947 SW 142 CT**  
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VPD**  Change  Addition  
 NAME **ORTA, ALDA**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **SANTURIO, CARMELA PIZZI**  
 STREET ADDRESS **1211 SW 78 PLACE**  
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **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

TITLE **VSD**  Delete  
 NAME **ARCE, BERTA**  
 STREET ADDRESS **931 IBIS AVENUE**  
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **PADILLA, MIRIAM**  
 STREET ADDRESS **3855 S.W. 128 AVE.**  
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VTD**  Delete  
 NAME **QUIRCH, CARMEN**  
 STREET ADDRESS **3191 SW 24 ST**  
 CITY-ST-ZIP **MIAMI FL 33145**

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/10/2002 (305) 267-1485**  
 Date Daytime Phone #

CR2E037 (9/01)