

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90130 034 \*\*\*158.75

**DOCUMENT # F48144**

1. Entity Name

**AFRO-CUBAN LUCUMI ASSOCIATION INC.**

**906817**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 836 NE 82 ST MIAMI FL 33138 US		Mailing Address PO BOX 1158 MIAMI FL 33142 US		4. FEI Number <b>59-2125638</b>		Applied For Not Applicable	
2. Principal Place of Business <b>SAME</b>		3. Mailing Address <b>SAME</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc. <b>SAME</b>		Suite, Apt. #, etc. <b>SAME</b>		City & State <b>SAME</b>		City & State <b>SAME</b>	
City & State <b>SAME</b>		City & State <b>SAME</b>		Country <b>SAME</b>		Country <b>SAME</b>	

6. Name and Address of Current Registered Agent <b>ZAMORA, RIGOBERTO</b> <b>836 N.E. 82 ST.</b> <b>MIAMI FL 33138</b>				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				City			
State				State <b>FL</b>			
Zip Code				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 \_\_\_\_\_ (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.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ZAMORA, RIGOBERTO</b>			NAME			
STREET ADDRESS	<b>836 NE 82 ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33142</b>			CITY-ST-ZIP			
TITLE	<b>DS</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FLORES, PEDRO</b>			NAME			
STREET ADDRESS	<b>1140 S.W. 3 ST., APT F</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33130</b>			CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RIVERA, VIVIAN</b>			NAME			
STREET ADDRESS	<b>2536 VAN BUREN ST., APT 3A</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: **1-13-00** Daytime Phone #: **305 380 9125**