

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 20, 2009  
Secretary of State**

DOCUMENT# N06000012250

Entity Name: UNION FAMILIA ESCOLAPIA CUBANA, INC.

**Current Principal Place of Business:**

13951 SW 66TH ST APT 601-A  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 522366  
MIAMI, FL 33152

**New Mailing Address:**

FEI Number: 20-5982368      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRIETO, HUMBERTO  
13951 SW 66TH ST APT 601-A  
MIAMI, FL 33183 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ORTEGA, CAMILO  
Address: 1401 SW 102ND CT.  
City-St-Zip: MIAMI, FL 33174  
  
Title: VD ( ) Delete  
Name: PEREZ-ALBUERNE, EVELIO  
Address: 8861 SW 75TH. ST.  
City-St-Zip: MIAMI, FL 33173  
  
Title: TD ( ) Delete  
Name: MENDEZ, JOSE L  
Address: 101 OCEAN LANE DR., APT. 3013  
City-St-Zip: KEY BISCAZYNE, FL 33149  
  
Title: SD ( ) Delete  
Name: PRIETO, HUMBERTO  
Address: 13951 SW 66TH ST., APT. 601-A  
City-St-Zip: MIAMI, FL 331832281

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE L MENDEZ

TD

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date