

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40539

1. Entity Name

PARTIDO DEMOCRATA CRISTIANO DE CUBA CORP.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90363 042 ****70.00

Principal Place of Business

Mailing Address

8500 SW 8 ST
 SUITE ~~210~~
 MIAMI FL 33144

P.O. BOX 558987
 MIAMI FL 33255-8987

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

232.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0231977

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUERRA, PEDRO L.
85 GRAND CANAL DR
SUITE 106
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:
SEE 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 **DP SANCHEZ, RAFAEL**
 STREET ADDRESS **6831 SUNRISE CT**
 CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HUMBERTO E STEVE**
 STREET ADDRESS **9220 SW 103RD ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CASTILLO, SIRO D**
 STREET ADDRESS **2425 S.W. 27 LANE**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT GUERRA, PEDRO L.**
 STREET ADDRESS **7860 SW 22ND ST**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/00

Date

(305)267-1024-

Daytime Phone #