

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90441 038 ****70.00

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DOCUMENT # N40539

1. Entity Name

PARTIDO DEMOCRATA CRISTIANO DE CUBA CORP.

Principal Place of Business

Mailing Address

8500 SW 8 ST
 SUITE 232
 MIAMI FL 33144

P.O. BOX 558967
 MIAMI FL 33255

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

65-0231977

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

GUERRA, PEDRO L.
85 GRAND CANAL DR
SUITE 106
MIAMI FL 33144

Name *Lourdes Gomez*

Street Address (P.O. Box Number is Not Acceptable)

1925 Brickell Ave Apt D1907

City *Miami*

FL

Zip Code *33129*

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 Delete
 NAME **DP SANCHEZ, RAFAEL**
 STREET ADDRESS **6831 SUNRISE CT**
 CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE Change Addition
 NAME *President Marcelino Miyares*
 STREET ADDRESS *1236 SW 22nd Ave. #1*
 CITY-ST-ZIP *Miami, FL 33135*

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

TITLE Change Addition
 NAME *General Deputy Julio Hernandez*
 STREET ADDRESS *PO Box 590594*
 CITY-ST-ZIP *Miami, FL 33159-0594*

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 *Finance Secretary Lourdes Gomez*
 STREET ADDRESS *1925 Brickell Ave Apt D1907*
 CITY-ST-ZIP *Miami, FL 33129*

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] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/02

(305)2649411

Date

Daytime Phone #

CR2E037 (9/01)