

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90389 002 ****70.00

DOCUMENT # N95000003199

1. Entity Name

THE ABRIENDO PUERTAS GOVERNING BOARD OF EAST LIT TLE HAVANA, INC.

Principal Place of Business

Mailing Address

1401 S.W. 1ST STREET., STE 209
 MIAMI FL 33135
 US

1401 S.W. 1ST STREET., STE 209
 MIAMI FL 33135
 US

00110000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0633293

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MONCADA, LORENA
932 NW 5TH STREET #1
MIAMI FL 33-1289

Name
Moncada, Lorena
 Street Address (P.O. Box Number is Not Acceptable)
932 NW 5th Street #1
 City
Miami FL Zip Code
33128

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

Lorena Moncada

4-29-02

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 PD
 NAME **MONCADA, LORENA** Delete
 STREET ADDRESS **932 NW 5TH STREET., #1**
 CITY-ST-ZIP **MIAMI FL 33128**

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD
 NAME **MORALES, JORGE** Delete
 STREET ADDRESS **546 SW 1 ST., #503**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD
 NAME **SILVA, DALILA** Delete
 STREET ADDRESS **1103 SW 12 STREET**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE SD
 NAME **Gallo, Rosalia** Change Addition
 STREET ADDRESS **5555 SW 93rd Avenue**
 CITY-ST-ZIP **Miami, FL 33165**

TITLE TD
 NAME **MARTINEZ, CARLITA** Delete
 STREET ADDRESS **721 NW 13 AVENUE APT #201**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 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:

Lorena Moncada

4-29-02

(305)649-6449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)