

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90122 034 \*\*\*150.00

**DOCUMENT # N99000000094**

1. Entity Name  
**CUBAN INSTITUTE FOR NON-VIOLENCE, INC.**

Principal Place of Business 8150 S.W. 8TH ST.,STE.217 MIAMI FL 33144	Mailing Address P.O. BOX 440661 MIAMI FL 33144-0661
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DO NOT WRITE IN THIS SPACE

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 <b>65-0915153</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**SANCHEZ, RAMON S**  
**8150 S.W. 8TH ST.,STE.217**  
**MIAMI FL 33144**

7. Name and Address of New Registered Agent

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:  
 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		<input type="checkbox"/> Delete
TITLE NAME	DP SANCHEZ, RAMON S	<input type="checkbox"/>
STREET ADDRESS	8150 S.W. 8TH ST.,STE.217	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE NAME	DVP DE VALLE, NORMAN	<input type="checkbox"/>
STREET ADDRESS	8150 S.W. 8TH ST.,STE.217	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE NAME	DS VELASCO, MILAGROS	<input type="checkbox"/>
STREET ADDRESS	8150 S.W. 8TH ST.,STE.217	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE NAME	DT GOMEZ, PEDRO	<input type="checkbox"/>
STREET ADDRESS	8150 S.W. 8TH ST.,STE.217	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE NAME	D SUAREZ, EMILIANO	<input type="checkbox"/>
STREET ADDRESS	8150 S.W. 8TH ST.,STE.217	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME	DT MERCEDES PEREZ	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	24TH SW 134 AVE		
CITY-ST-ZIP	MIAMI FL 33175		
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
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: *Norman del Valle* (vice-president) 4/25/00 (305) 264-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)