

2000 UNIFORM BUSINESS REPORT (UBR)

4/24/224

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

04-22-2000 90064 047 ***61.25

DOCUMENT # N99000000964

1. Entity Name

AFROCUBAN CULTURAL COUNCIL INC.



Principal Place of Business Mailing Address
 1743 W. FLAGLER ST. 1743 W. FLAGLER ST.
 MIAMI FL 33135 MIAMI FL 33135-2015

2. Principal Place of Business 3. Mailing Address
 1743 W. Flagler St. Miami same

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Miami, FL. _____

Zip Country
 33135 Cuba



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 _____ Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 MORE, LAZARO C
 1743 W. FLAGLER ST.
 MIAMI FL 33135

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		President LAZARO C. Perez More 1895 NW 32 St. MIAMI, FL 33142	
		Vice President Diana Martinez 6551 SW 36 ST Miami, FL 33155	
		Calixto Villar	

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 REQUIRED Date: 04-11-00 Day/Time Phone #: 305-541-7727

CR2E037 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

002100

0003276

DOCUMENT # N99000000964 - 108874

1. Entity Name
AFROCUBAN CULTURAL COUNCIL INC.

Principal Place of Business: 1743 W. FLAGLER ST. MIAMI FL 33135
Mailing Address: 1743 W. FLAGLER ST. MIAMI FL 33135

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DO NOT WRITE IN THIS SPACE

Attachment

4. FEI Number *N/A*
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

MORE, LAZARO C
1743 W. FLAGLER ST.
MIAMI FL 33135

Name: LAZARO C. Perez-More
Street Address (P.O. Box Number is Not Acceptable): 1743 W. Flagler St.
City: Miami FL Zip Code: 33135

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]* DATE: 08-15-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Director	LAZARO MORE	1895 NW 32 ST.	Miami, FL 33142		
Director	ONAI MARTINEZ	6531 SW 36 ST	Miami, FL 33155		
Director	LAZARO Parez-More	1895 NW 32 ST	Miami, FL 33142		

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]* DATE: 08-15-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (5/00)

Attachment Doc #

UN9900000009164

108274

attachment

Lazaro C. Perez More - director
1895 NW 32 ST.
Miami, Fl. 33142

Omar Martinez -- director
6531 SW 36 ST.
Miami, Fl. 33155

Caridad More - director
1895 NW 32 St.
Miami, Fl. 33142

Di. 6874