

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90085 037 ****75.00



DOCUMENT # N99000004439
1. Entity Name
CAMAGUEYANOS CATOLICOS, INC.

Principal Place of Business Mailing Address
4970 SW 72 AVE UNIT 109 MIAMI FL 33165 **4970 SW 72 AVE UNIT 109 MIAMI FL 33165**

2. Principal Place of Business 3. Mailing Address
6800 SW 40th STREET
Suite, Apt. #, etc. **# 343**
City & State **Miami FLORIDA**
Zip **33155-3701** Country **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0938147** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
QUEVEDO, RAFAEL A
4970 SW 72 AVE UNIT 109
MIAMI FL 33165

7. Name and Address of New Registered Agent
Name **QUEVEDO RAFAEL A**
Street Address (P.O. Box Number is Not Acceptable)
6800 SW 40th STREET # 343
City **Miami** FL Zip Code **33155-3708**

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: **RAFAEL A QUEVEDO SECRETARY** *[Signature]* DATE: **1/6/03**
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	QUEVEDO, RAFAEL A	
STREET ADDRESS	4970 SW 72 AVE UNIT 109	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	TDF	<input type="checkbox"/> Delete
NAME	PELAEZ, EDUARDO	
STREET ADDRESS	8880 SW 87TH STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, PABLO	
STREET ADDRESS	8750 NW 153RD TER	
CITY-ST-ZIP	MIAMI FL 33118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **RAFAEL A QUEVEDO** DATE: **1/6/03** DAYTIME PHONE #: **(305) 661-3731**

CR2E037 (10/02)