

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P-9800009958

1. Entity Name  
Funeraria Afro-Cubana Inc

Principal Place of Business Mailing Address  
1501 SW 8<sup>th</sup> St  
MIA Fla 33135

2. Principal Place of Business 3. Mailing Address  
6555 NW 36<sup>th</sup> St #114

Suite, Apt. #, etc. City & State  
MIA Fla 33166

City & State Zip Country  
MIA Fla 33166

**FILED**  
**01 MAY 24 PM 1:19**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**  
  
DO NOT WRITE IN THIS SPACE  
  
4. FEI Number 65-0882670 Applied For  Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Debra Kennedy  
6555 NW 36<sup>th</sup> St #114  
MIA Fla 33166

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 Debra Kennedy DATE 4-30-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees.

**11. OFFICERS AND DIRECTORS**

TITLE BTID  Delete  
NAME Kennedy, Debra  
CITY-ST-ZIP 6555 NW 36<sup>th</sup> St MIA FL 33166

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Change  Addition  
NAME  
CITY-ST-ZIP  
700004324437  
-05/29/01--01011--004  
\*\*\*1200.00 \*\*\*\*150.00

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

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARGE (11/00)