

2002 UNIFORM BUSINESS REPORT (UBR)

0264203 AV

DOCUMENT # **P98000099587**

1. Entity Name
FUNERARIA AFRO-CUBANA, INC.

FILED
02 MAY -1 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**6555 N.W. 36TH STREET, #114
MIAMI FL 33166**

Mailing Address
**6555 N.W. 36TH STREET, #114
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, apt #, etc.

Suite, apt # etc.

6871 BIRD RD

6871 BIRD RD

City & State
MIAMI FLA

City & State
MIAMI FLA

4. FEI Number **65-0882670**

Applied For
Not Applicable

Zip
33155

Country

Zip
33155

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

**KENNEDY, DELIA
6555 N.W. 36 ST, #114
MIAMI FL 33166**

Name

Street Address (or Box Number is not acceptable)

6871 BIRD RD

City

MIAMI

FL

Zip Code

33155

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

[Handwritten Signature] **1/25/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSVT	<input type="checkbox"/> Delete
NAME	KENNEDY, DELIA	
STREET ADDRESS	6555 N.W. 36 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, DELIA	
STREET ADDRESS	6555 N.W. 36 ST	
CITY-ST-ZIP	MIAMI FL 33166	
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		

TITLE	Kennedy Delia	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kennedy Delia	
STREET ADDRESS	6871 BIRD RD	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	Kennedy Delia	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kennedy Delia	
STREET ADDRESS	6871 BIRD RD	
CITY-ST-ZIP	MIAMI FLA 33155	
TITLE	700005430377--4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700005430377--4	
STREET ADDRESS	-05/02/02--01035--001	
CITY-ST-ZIP	***1650.00 ****150.00	
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		

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 as required by Chapter 607, Florida Statutes; and that my name appears on Block 11 or Block 12 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] **4/25/02 667-3280**

CFR2E034 (9/01)

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