

2003


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -6 AM 11:33

DOCUMENT # **PA8000099581**

1. Entity Name
Funeraria Afro-Cubana Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10211 SW 13 St

3. Mailing Address
10211 SW 13 St

Suite, Apt. #, etc.
Miami FL

City & State
33174

Zip Country

DO NOT WRITE IN THIS SPACE

4. F.E.I. No. **65-6882670**

Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

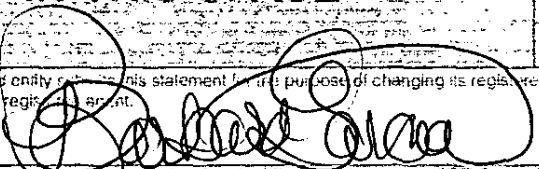
Name
Barbara Garcia

Street Address (F.O.C. No. Number, Street, etc.)
10211 SW 13 St Suite 4217

City
Miami FL 33165

DO NOT WRITE IN THIS SPACE

8. The above named entity is familiar with and accepts the obligations of registration 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 registration.

SIGNATURE 

Signature of registered agent and fee applicable. (NOTE: Registered Agent signature required when registering.) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

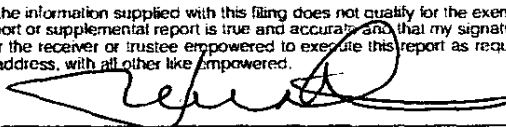
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRST Kennedy Delia 10211 SW 13 St Mia FL 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700018301507 05/06/03--01088--001 ***600.00
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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 607, Florida Statutes; and that my name appears on this report or on an attachment with an address, with all other like empowered.

SIGNATURE: 

Signature and typed or printed name of signing officer or director

Date **4-29-03**

Daytime Phone # **205 218 8018**

CR2E034B (1/2/02)

5/6/03