

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012250

**Entity Name:** UNION FAMILIA ESCOLAPIA CUBANA, INC.

**FILED**  
**Apr 27, 2018**  
**Secretary of State**  
**CC6848461754**

**Current Principal Place of Business:**

2791 N PINE ISLAND RD  
APT. 112  
SUNRISE, FL 33322

**Current Mailing Address:**

PO BOX 522366  
MIAMI, FL 33152

**FEI Number: 20-5982368**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CONTRERAS , DAVID  
4731 SW 8TH COURT  
MIAMI, FL 33012 US

*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: DAVID CONTRERAS**

**04/27/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           HERNANDEZ, JULIO  
Address        2791 N PINE ISLAND RD  
                  APT. 112  
City-State-Zip: SUNRISE FL 33322

Title           DIRECTOR  
Name           ORTEGA, CAMILO  
Address        1401 SW 102 COURT  
City-State-Zip: MIAMI FL

Title           TREASURER  
Name           FERNANDEZ, HECTOR  
Address        9300 FONTAINEBLEAU BLVD #413  
City-State-Zip: MIAMI FL 33172

Title           SECRETARY  
Name           CONTRERAS, DAVID  
Address        4731 SW 8TH COURT  
City-State-Zip: HIALEAH FL 33012

Title           DIRECTOR  
Name           GARCIA, ANDRES  
Address        670 WEST 39TH PLACE  
City-State-Zip: HIALEAH FL 33012

Title           DIRECTOR  
Name           GANDARILLA, GREGORIO  
Address        6320 NW 114TH STREET  
City-State-Zip: HIALEAH FL 33012

Title           DIRECTOR  
Name           MORALES, ARTURO  
Address        7923 W 14TH COURT  
City-State-Zip: HIALEAH FL 33014

Title           VP  
Name           SARDINAS, JORGE  
Address        17500 NW 48 AVE  
City-State-Zip: MIAMI FL 33055

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: FERNANDEZ, HECTOR**

**TREASURER**

**04/27/2018**

Electronic Signature of Signing Officer/Director Detail

Date