

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012250

**Entity Name:** UNION FAMILIA ESCOLAPIA CUBANA, INC.**Current Principal Place of Business:**1401 SW 102ND COURT  
MIAMI, FL 33174**Current Mailing Address:**PO BOX 522366  
MIAMI, FL 33152**FEI Number:** 20-5982368**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RAIMUNDEZ, ALEJANDRO  
2511 SW 23RD TERRACE  
MIAMI, FL 33145-3611 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:** ALEJANDRO RAIMUNDEZ

01/20/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ORTEGA, CAMILO  
Address        1401 SW 102ND COURT  
City-State-Zip: MIAMI FL 33174

Title            VP  
Name            QUIROS, DIEGO  
Address        1222 SW 93RD PLACE  
City-State-Zip: MIAMI FL 33174

Title            TREASURER  
Name            RAIMUNDEZ, ALEJANDRO  
Address        2511 SW 23 TERRACE  
City-State-Zip: MIAMI FL 33145

Title            SECRETARY  
Name            LOPEZ, JUAN L  
Address        13395 SW 1ST TERRACE  
City-State-Zip: MIAMI FL 33184

Title            DIRECTOR  
Name            CONTRERAS, DAVID  
Address        4731 W. 8TH COURT  
City-State-Zip: HIALEAH FL 33012

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

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

Title            VICE SECRETARY  
Name            PRIETO, EMMY  
Address        2193 S. LONG LAKE ROAD  
City-State-Zip: FENTON MI 48430

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*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:** ALEJANDRO RAIMUNDEZ

TREASURER

01/20/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HERNANDEZ, JULIO  
Address 2791 N PINE ISLAND ROAD  
112  
City-State-Zip: SUNRISE FL 33322-2203

Title DIRECTOR  
Name TUNDIDOR, TEODORO  
Address 5790 W 14TH LANE  
City-State-Zip: HIALEAH FL 33012-2237

Title DIRECTOR  
Name VALDES-COLL, FRANCISCO  
Address 626 CORAL WAY  
1002-E  
City-State-Zip: CORAL GABLES FL 33134-7508