

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90038 037 \*\*\*\*61.25

**DOCUMENT # 752656**

1. Entity Name

**ASSOCIATION OF CUBAN HOME ECONOMICS SCHOOL IN E**

Principal Place of Business

IN EXILE, INC.  
115 NW 59 CT.  
MIAMI FL 33126

Mailing Address

IN EXILE, INC.  
115 NW 59 CT.  
MIAMI FL 33126

2. Principal Place of Business

**1211 S.W. 78 PL.**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 652221**

Suite, Apt. #, etc.

City & State

**MIAMI, FL.**

City & State

**MIAMI, FL.**

Zip

**33144**

Country

**U.S.A.**

Zip

**33265-2221**

Country

**U.S.A.**

4. FEI Number

**59-2064384**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CALZADO, YOLANDA SEEMANN**  
**115 NW 59 CT.**  
**MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

**CARMELA PIZZI SANTURIO**

Street Address (P.O. Box Number is Not Acceptable)

**1211 S.W. 78 PL.**

City

**MIAMI**

**FL**

Zip Code

**33144**

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

*Carmela Pizzi Santurio*  
**CARMELA PIZZI SANTURIO**

(NOTE: Registered Agent signature required when reinstating)

**03/15/01**

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>CALZADO, YOLANDA SEEMANN</b>	
STREET ADDRESS	<b>115 N.W. 59TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	<b>PIZZI, CARMELA</b>	
STREET ADDRESS	<b>1211 SW 78 PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	<b>SANCHEZ, SONNIA</b>	
STREET ADDRESS	<b>10644 S.W. 6TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	<b>NODA, LOURDES</b>	
STREET ADDRESS	<b>13108 NW 10TH LN</b>	
CITY-ST-ZIP	<b>MIAMI FL 33182</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>PADILLA, MARIAM</b>	
STREET ADDRESS	<b>3855 S.W. 128 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	<b>PAZOS, MERCEDES</b>	
STREET ADDRESS	<b>6886 SW 88 ST., APT D-104</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARMELA PIZZI SANTURIO</b>	
STREET ADDRESS	<b>1211 S.W. 78 PLACE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33144</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AIDA ORTA</b>	
STREET ADDRESS	<b>14947 S.W. 142 CT</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33186</b>	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERCEDES PAZOS</b>	
STREET ADDRESS	<b>6886 S.W. 88 ST. APT D-104</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33156</b>	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERTA ARCE</b>	
STREET ADDRESS	<b>931 TBIS AVE.</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS, FL 33166</b>	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIRIAM PADILLA</b>	
STREET ADDRESS	<b>3855 S.W. 128 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>	
TITLE	VTB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARMEN QUIRCH</b>	
STREET ADDRESS	<b>3191 S.W. 24 ST.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33145</b>	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Carmela Pizzi Santurio*  
**CARMELA PIZZI SANTURIO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/01**

DATE

**305 267 1485**

DAYTIME PHONE #

CR2E037 (10/00)