

8/21

FILED

Sep 07, 2001 8:00 am
Secretary of State

08-21-2001 90008 009 *****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001957

1. Entity Name

LATIN AMERICAN FORCLORIC & HUMORIOS FOUNDATION C

Principal Place of Business

13671 SW 81ST STREET
MIAMI FL 33183

Mailing Address

13671 SW 81ST STREET
MIAMI FL 33183

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

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

PECHE, WILLY
13671 SW 81ST STREET
MIAMI FL 33183

Name

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

City

FL

Zip Code

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 re/instating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	PECHE, WILLYA	
STREET ADDRESS	13671 SW 81ST STREET	
CITY-ST-ZIP	MIAMI FL 33183	

TITLE	V	<input type="checkbox"/> Delete
NAME	CABRERA, YANCYN	
STREET ADDRESS	13671 SW 81ST STREET	
CITY-ST-ZIP	MIAMI FL 33183	

TITLE	TS	<input type="checkbox"/> Delete
NAME	PUIG, IVONNE	
STREET ADDRESS	21530 SW 94TH AVE.	
CITY-ST-ZIP	MIAMI FL 33189	

TITLE	PECHE, LUIS	<input type="checkbox"/> Delete
NAME	PECHE, LUIS	
STREET ADDRESS	21530 SW 94TH AVE.	
CITY-ST-ZIP	MIAMI FL 33189	

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"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 517, 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)