

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

02-08-2001 90188 028 ****61.25

DOCUMENT # N00000007390

1. Entity Name

SOCIEDAD CULTURAL DOMINICANA, INC.

Principal Place of Business

Mailing Address

9004 NW 116TH ST
 HIALEAH GARDENS FL 33018

9004 NW 116TH ST
 HIALEAH GARDENS FL 33018

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

65-1052992

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

ACEVEDO, MIGUEL
 9004 NW 116TH ST
 HIALEAH GARDENS FL 33018

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 reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
 P
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SORINAO, MARTINA
 9004 NW 116TH ST
 HIALEAH GARDENS FL 33018
 T

TITLE NAME Change Addition
 P
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SORIANO, MARTINA
 9004 NW 116TH ST.
 HIALEAH GARDENS, FL 33018

TITLE NAME Delete
 V
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ALEXIS PENA, ANTONIO
 6331 SW 112TH PL
 MIAMI FL 33173
 T

TITLE NAME Change Addition

TITLE NAME Delete
 T
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TERRERO, EUGENIO
 4715 NW 2ND CT
 PLANTATION FL 33317
 T

TITLE NAME Change Addition

TITLE NAME Delete
 S
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ACEVEDO, MIGUEL
 9004 NW 116TH ST
 HIALEAH GARDENS FL 33018
 T

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Soriano 1/9/01 President

Date Daytime Phone #

CR2E037 (10/00)