2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000007390

Entity Name: SOCIEDAD CULTURAL DOMINICANA, INC.

FILED Apr 28, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9004 NW 116TH ST HIALEAH GARDENS, FL 33018 **Current Mailing Address: New Mailing Address:** 9004 NW 116TH ST HIALEAH GARDENS, FL 33018 FEI Number: 65-1052992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ACEVEDO, MIGUEL 9004 NW 116TH ST HIALEAH GARDENS, FL 33018 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SORINAO, MARTINA SORIANO, MARTINA Name: Name: Address: 9004 NW 116TH ST Address: 9004 NW 116TH ST City-St-Zip: HIALEAH GARDENS, FL 33018 City-St-Zip: HIALEAH GARDENS, FL 33018 Title: () Delete Title: () Change () Addition ALEXIS PENA, ANTONIO Name: Name: Address: 6331 SW 112TH PL Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: Title: () Delete Title: () Change () Addition TERRERO, EUGENIO Name: Name: 4715 NW 2ND CT Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: () Delete Title: ST (X) Change () Addition Name: ACEVEDO, MIGUEL Name: REYES, FELIZ Address: 9004 NW 116TH ST Address: 41 NW 102 ST City-St-Zip: HIALEAH GARDENS, FL 33018 City-St-Zip: MIAMI SHORES, FL 33150

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARTINA SORIANO PT 04/28/2002