

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90188 029 ****70.00

DOCUMENT # N02000004990

1. Entity Name

DOMINICAN CULTURAL WEEK, INC.



Principal Place of Business

**11327 SNOW FALL COURT #D
TAMPA FL 33612**

Mailing Address

**11327 SNOW FALL COURT #D
TAMPA FL 33612**

2. Principal Place of Business

2600 FOUR SEASON CT.

3. Mailing Address

2600 FOUR SEASON CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

TAMPA FL

Zip

Country

Zip

Country

33612

HILLSBORO

33612

HILLSBORO

6. Name and Address of Current Registered Agent

MARTINEZ, FELIX L

**11327 SNOW FALL COURT #D
TAMPA FL 33612**

7. Name and Address of New Registered Agent

Name

ANTONIO DIAZ

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

2600 FOUR SEASON CT. APT A

TAMPA

City

FL

Zip Code

33612

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

ANTONIO DIAZ PRESIDENT

5/1/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when instituting)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, FELIX L	
STREET ADDRESS	11327 SNOW FALL COURT #D	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DIAZ, ANTONIO	
STREET ADDRESS	2600A FOUR SEASON COURT	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PENA, VIRGILIO	
STREET ADDRESS	11327 SNOW FALL COURT #D	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEL VALLE, NARDA	
STREET ADDRESS	11327 SNOW FALL COURT #D	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input type="checkbox"/> Delete
NAME	GERMOSEN, RAUL	
STREET ADDRESS	11327 SNOW FALL COURT #D	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	ANTONIO DIAZ (PD)	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

ANTONIO DIAZ

5/1/03

(413) 727-3193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)