

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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90318 035 \*\*\*\*61.25

DOCUMENT # **N02000005218**



1. Entity Name  
**WORKER'S UNION FOR CUBAN CHILDREN, INC.**

Principal Place of Business  
**7103 SW 112TH PLACE  
MIAMI FL 33173**

Mailing Address  
**7103 SW 112TH PLACE  
MIAMI FL 33173**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**15335 SW 57 Street**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**miami, Florida**

4. FEI Number  Applied For  Not Applicable

Zip Country  
**33193 USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SANTROCK, HILDA**  
**7103 SW 112TH PLACE**  
**MIAMI FL 33173**

*Last name misspelled*

7. Name and Address of New Registered Agent  
Name **SANTROCK HILDA**  
Street Address (P.O. Box Number is Not Acceptable)  
**7103 SW 112 Place**  
City **miami** FL Zip Code **33173**

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 *Hilda Santrock* DATE **1/22/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DP	<input type="checkbox"/> Delete
NAME	SANTROCK, HILDA	
STREET ADDRESS	7103 SW 112TH PLACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	DV	<input type="checkbox"/> Delete
NAME	OSORIA, ANDRES	
STREET ADDRESS	7103 SW 112TH PLACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GARCIA, ANA	
STREET ADDRESS	7103 SW 112TH PLACE	
CITY-ST-ZIP	MIAMI FL 33173	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: *Hilda Santrock* DATE: **1/22/03 (305) 382-1534**

CR2E037 (10/02)