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

DOCUMENT # N0200006782

Entity Name

CENTRO ARTISTICO-LITERARIO C.A.L.M.I., CORP.

à	15 S

FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90971 032 ****61.25

		•	, Contract						
Principal Place of Business 150 WEST 57 STREET HIALEAH FL		Mailing Address 150 WEST 57 STREET HIALEAH FL	¥.		11 4 (* 48 (2)* 183)(* 38 (1)* 38 (1)*		11 6 11 8 5 1 8 P 1		
2 Principal P	lace of Business	2 Mailing Address							
z. Filifolpai r	ace of business	3. Mailing Address		1 ICERTER ALI ADDIO	II MAI MAIRE MARIA AMERA MAIRI A	itin kiili ikant ini	(# 11 # 1 1 # #1		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & Stat	e	City & State		4. FEI Number		<u> </u>	oplied For ot Applicable	}	
Zip	Country	Country	5. Certificate of Stat	us Desired	\$8.75 Add Fee Require				
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
SANFIEL,	MIGLIFI	es seems - incress	Name	Name					
	F 57 STREET		Street Address	Street Address (P.O. Box Number is Not Acceptable)					
HINCOH	r L		City		FI	Zip Code	e		
8 The above	named entity submits this statement for	or the purpose of changing its	registered office or regist	tered agent or both in th			and accept	-	
	ions of registered agent.	tile pulpose of changing its	s registered onice or regist	tered agent, or bolin, in th	e State of Florida. Tall	rammar with,	and accept		
SIGNATURE .									
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requi	ired when reinstating)	DATE				
ţ.	,							1	
FILE NOW: FEE to an 1.70 🛷 🔠			mpaign Financing Contribution.	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State					
	*		****	Added to 1 des	rionaa bepa	THIEST OF S	Maic		
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND E			_ إ	
111112	SANFIEL, MIGUEL	☐ Delete	TITLE NAME			☐ Change	■ Addition	18	
	150 WEST 57 STREET HIALEAH FL		STREET ADDRESS					7 /1	
CITY-ST-ZIP			CITY-ST-ZIP					ا ا	
TITLE	VD Carrillo, Azalea	☐ Delete	TITLE			☐ Change	Addition	g	
	150 WEST 57 STREET		NAME STREET ADDRESS						
CITY-ST-ZIP	HIALEAH FL		CITY-ST-ZIP						
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	PITTELLA, CAFILOS 150 WEST 57 STREET		NAME				ŀ		
	HIALEAH FL		STREET ADDRESS CITY-ST-ZIP						
TITLE	10	Delete	TITLE	 -		Change	☐ Addition		
NAME	GOMEZ, WALKIRIA	DE Delete	NAME			onunge		ĺ	
	8005 LAKE DR #109		STREET ADDRESS					ļ	
	MIAMI FL 33145		CITY-ST-ZIP			<u> </u>			
TITLE NAME		Delete	TITLE			☐ Change	Addition		
STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP				l I	١.	
TITLE		☐ Delete	TITLE		·	☐ Change	☐ Addition		
NAME OTREET LIBORIDA		1	NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				•		
	vertify that the information cumplied with	this filing does not avalle for	CITY-ST-ZIP	Postion 110 07/07/3 FI	do Statutas 1 funtos	weifing almost almost to	formatica	1	

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:

acquelaghy QUIRED

04-01-03

(305) 825-031-3