

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

**DOCUMENT # N02000006894**

1. Entity Name

**SEVERO SARDUY CULTUAL FOUNDATION, CORP.**



Principal Place of Business

**809 S.W. 40TH AVE.  
MIAMI FL 33134**

Mailing Address

**P.O. BOX 141791  
CORAL GABLES FL 33114**

2. Principal Place of Business

**811 S.W. 40TH Ave.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

4. FEI Number

**54-2072068**

Applied For

Not Applicable

Zip

**33134**

Country

Zip

Country

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

**SARDUY, MERCEDES  
809 S.W. 40TH AVE.  
MIAMI FL 33134**

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

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  
Due By May 1, 2004**

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 type="checkbox"/> Delete
NAME	SARDUY, MERCEDES I	
STREET ADDRESS	809 SW. 40TH AVE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BETANCOURT, PEDRO J	
STREET ADDRESS	809 SW. 40TH AVE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BETANCOURT, MAITREYA	
STREET ADDRESS	809 SW. 40TH AVE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	BETANCOURT, PEDRO	
STREET ADDRESS	809 SW. 40TH AVE	
CITY-ST-ZIP	MIAMI FL 33134	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARDUY MERCEDES I	
STREET ADDRESS	811 S.W. 40TH Ave	
CITY-ST-ZIP	Miami, FL 33134	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETANCOURT PEDRO D	
STREET ADDRESS	811 S.W. 40TH Ave	
CITY-ST-ZIP	Miami, FL 33134	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETANCOURT MAITREYA	
STREET ADDRESS	811 S.W. 40TH Ave	
CITY-ST-ZIP	Miami, FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETANCOURT PEDRO	
STREET ADDRESS	811 S.W. 40 TH Ave	
CITY-ST-ZIP	Miami, FL 33134	
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:**

**VP**

**03-08-2004**

**(305) 442-8188**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #