

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000006979

FILED  
Sep 09, 2003  
Secretary of State

**Entity Name:** LATINO HERITAGE CULTURAL FOUNDATION INC.

**Current Principal Place of Business:**

1021 N.W. 202 STREET  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

1021 N.W. 202 STREET  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 82-0565158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CRUZ, HUMBERTO A  
1021 N.W. 202 STREET  
MIAMI, FL 33169

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: PINTADO, OSWALDO  
Address: 1021 N.W. 202 STREET  
City-St-Zip: MIAMI, FL 33169

Title: V ( ) Delete  
Name: BARRETO, WALTER  
Address: 1021 N.W. 202 STREET  
City-St-Zip: MIAMI, FL 33169

Title: S ( ) Delete  
Name: ROJAS, LUZ  
Address: 1021 N.W. 202 STREET  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PINTADO, OSWALDO  
Address: 1021 N.W. 202 STREET  
City-St-Zip: MIAMI, FL 33169

Title: VT (X) Change ( ) Addition  
Name: BARRETO, WALTER  
Address: 1021 N.W. 202 STREET  
City-St-Zip: MIAMI, FL 33169

Title: ST (X) Change ( ) Addition  
Name: ROJAS, LUZ  
Address: 1021 N.W. 202 STREET  
City-St-Zip: MIAMI, FL 33169

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: LUZ ROJAS

S

09/09/2003

Electronic Signature of Signing Officer or Director

Date