

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

**FILED**  
Aug 04, 2003 8:00 am  
Secretary of State

07-15-2003 90023 008 \*\*\*\*61.25

**DOCUMENT # N02000008829**

1. Entity Name

**CASA DE LA CULTURA HISPANA INC.**



Principal Place of Business

2400 WEST 84TH ST STE #6  
HIALEAH FL 33016

Mailing Address

2400 WEST 84TH ST STE #6  
HIALEAH FL 33016

**55053162**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**4504947507**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIRANDA, RICARDO A**  
4871 NW 72ND AVE  
LAUDERHILL  
FL FL 33016

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**  
After September 10, 2003, min will be \$236.25

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  Delete  
NAME **MIRANDA, RICARDO A**  
STREET ADDRESS **4871 NW 72ND AVE**  
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE  Delete  
NAME **MIRANDA, LUIS A SR**  
STREET ADDRESS **2554 WEST 84TH ST Unit 6**  
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE  Delete  
NAME **TRUSTEE MARCELA MIRANDA**  
STREET ADDRESS **415 LAKEVIEW DR.**  
CITY-ST-ZIP **C. Springs, FL 33071**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/10/03

Date

(305) 558-0655  
(305) 818-6944

Daytime Phone #

CR2E037 (4/03)