

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

DOCUMENT # N02000009793 1. Entity Name CASA DE LA CULTURA HISPANA DE LA FLORIDA INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 18 PM 2:14

Principal Place of Business 11478 ELAINE DR. JACKSONVILLE, FL 32218	Mailing Address 11478 ELAINE DR. JACKSONVILLE, FL 32218
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2. Principal Place of Business	3. Mailing Address	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State		
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent CORA, VICTOR M 11478 ELAINE DR. JACKSONVILLE, FL 32218	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent's signature required when resigning) DATE _____

FILE NOW: FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		Delete
TITLE	PD CORA, VICTOR M	<input type="checkbox"/>
NAME	CORA, VICTOR M	
STREET ADDRESS	11478 ELAINE DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	VD GALLEGOS, ADELA	<input type="checkbox"/>
NAME	GALLEGOS, ADELA	
STREET ADDRESS	11478 ELAINE DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	TD RUEDAS, ALAVIEDO	<input type="checkbox"/>
NAME	RUEDAS, ALAVIEDO	
STREET ADDRESS	11478 ELAINE DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	SD GRIESTEIN, NANCY	<input type="checkbox"/>
NAME	GRIESTEIN, NANCY	
STREET ADDRESS	11478 ELAINE DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	D OSPINA, JULIO	<input type="checkbox"/>
NAME	OSPINA, JULIO	
STREET ADDRESS	11478 ELAINE DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Change	Addition
TITLE	[Blank]	<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

200023175822
09/18/03--01059--029 **281.25

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 an other like empowered.

SIGNATURE:  9-18-03 904.743.6234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)