

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02755

1. Entity Name

CUBAN THEATRE FOLKLORE HERITAGE, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90048 011 ****61.25

Principal Place of Business 250 W. 25TH STREET MIAMI FL 33010	Mailing Address 250 W. 25TH STREET MIAMI FL 33010-1528
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2486581	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PINEIRO, ALBERTO J.
 250 WEST 25TH STREET
 MIAMI FL 33010**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PCMD	<input type="checkbox"/> Delete
NAME	PINEIRO, ALBERTO J.	
STREET ADDRESS	250 WEST 25TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PEREZ, EUGENIO	
STREET ADDRESS	1077 NW 47TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CABRERA, MIRSA M.	
STREET ADDRESS	250 WEST 25TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ORCHILES, MARIA ELENA	
STREET ADDRESS	7961 NW 175TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	V S	<input type="checkbox"/> Delete
NAME	FUENTE, TONY D.	
STREET ADDRESS	1605 PENNSYLVANIA APT 401	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BACH, MANUEL	
STREET ADDRESS	2235 SW 2ND TERR	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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: *X* _____ DATE: **2-23-2000** DAYTIME PHONE #: **305 885-8414**

CR2E037 (9/99)