

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03/15/02

DOCUMENT # N02755

1. Entity Name

CUBAN THEATRE FOLKLORE HERITAGE, INC.

03-18-2002 90039 001 ****61.25

Principal Place of Business

Mailing Address

250 W. 25TH STREET
 MIAMI FL 33010

250 W. 25TH STREET
 MIAMI FL 33010

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
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE _____ Delete
 NAME **PCMD PINEIRO, ALBERTO J.**
 STREET ADDRESS **250 WEST 25TH STREET**
 CITY-ST-ZIP **HIALEAH FL**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME **VD PEREZ, EUGENIO**
 STREET ADDRESS **1077 NW 47TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME **TD CABRERA, MIRSA M.**
 STREET ADDRESS **250 WEST 25TH STREET**
 CITY-ST-ZIP **HIALEAH FL**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME **V FUENTE, TONY D.**
 STREET ADDRESS **1605 PENNSYLVANIA APT 401**
 CITY-ST-ZIP **MIAMI BCH FL**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME **V BACH, MANUEL**
 STREET ADDRESS **2235 SW 2ND TERR**
 CITY-ST-ZIP **MIAMI FL**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 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: _____

(Handwritten Signature)

3/5/02

CR2E037 (9/01)