2003 2004 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 03, 2003 8:00 am Secretary of State

DOCU	MENT # NO275	5			/ Secretar	'y of S1	tate
1. Entity Name	UBAN THEATRE	FOLKLORE	Herit	AGE Inc.	03-03-2003 90	494 019 ****(51.25
	(0.1	Mailling Address	· · · · · ·		/		
Principal Place	250 W 25 STREET	Mailing Address	Ŵ.	25 ST.			
				Z. 33010			
	Miami, FL. 3301	0 11116	(Å))!' [עומעיב די		de esta	
2. Principal Pl	lace of Business	3. Mailing Address				÷	
Suite, Apt, #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	9	City & State		4	4. FEI Number 59-248658!	-	oplied For lot Applicable
Ζφ	Country	Zip	Coun	try	5. Certificate of Status Desired	\$8.75 Ac	
<u> </u>	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Address of New Regist		
				Name			
PINEIRO , ALBERTO J.				Street Address (P.O. Box Number is Not Acceptable)			
	250 WEST	25 ST.		•			
•	Mizmin Fz.	33010		City		FL Zip Co	de
8. 	named entity subjilits this statement for	r the purpose of changing it	s register	ed office or registe	red agent, or both, in the State of Florida.		
•	Shirt	7 2					
SIGNATURE .	Signature typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature requires	d when reinstating)	DATE	
Tax filing r	pration is eligible to satisfy its Intangible requirement and elects to do so.		001 Fee	IS \$150.00 = 6 will be \$330.00 epartment of Sta	Trust Fund Contribution	++.	00 May Be ed to Fees
11.	OFFICERS AND	DIRECTORS	12.	A A PARA TRANSPORT OF THE PROPERTY OF THE PROP	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 11
TITLE	PCND	☐ Defete	TITL			Change	Addition S
NAME STREET ADDRESS	PINEIRO ALBER	15 J.	NAM STR	EET ADDRESS			
CITY-ST-71P	250 W. 25 S	T. Hulezhia.	CITY	'-ST-ZIP			
TITLE	VD	☐ Delete	TITL			Change	Addition (
NAME STREET ADDRESS	PEREZ. EUGENIO		NAA STR	EET ADDRESS	•		
CITY-ST-ZIP	1077 N.W. 47 1	WE MIZMINE.	CITY	r-ST-ZIP			
NITLE	T. D.	☐ Delete	TITE NAM			Change	
NAME STREET ADDRESS	CABRERA, MIRS.	Α И.		EET ADDRÉSS			
CITY-ST-2IP	250 W. 25 St.	Hizlezh.FL	CIL	r-ST-ZIP			
TITLE	V.5.	☐ Delete	TITU Nam	i		Change	Addition
NAME STREET ADDRESS	FUENTE . TONY D.	,		EET ADDRESS		•	
CITY-ST-ZIP	1605 PEANSYLVAN	1A # 401	CIT	Y-ST-ZIP			
TITLE	V.5	☐ Defete	THT	1		, Change	Addition
NAME STREET ADDRESS	HERRERA. TATYAN			ME EET ADDRESS			
CITY-ST-2IP	3801 S.W. 58 AUE	FT. LAUderdde, FL	. CIT	Y-ST-ZIP			
TITLE		☐ Delete	TITI NAI			Change	e 🗌 Addition
NAME STREET ADDRESS			1	LEET ADDRESS			
Crty-ST-ZIP				Y-ST-ZIP			
13. I hereby	certify that the information supplied wit	h this filing does not qualify	for the ex	emption stated in S	Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the	information

13. Thereby 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mirrown Cabrera