

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90066 029 ****70.00

DOCUMENT # N04896

1. Entity Name

EAST LITTLE HAVANA COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

**E. LITTLE HAVANA CDC
 1699 CORAL WAY. 302
 MIAMI FL 33145
 US**

**EAST LITTLE HAVANA CDC
 1699 CORAL WAY. SUITE 302
 MIAMI FL 33145
 US**

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

59-2663181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, ANITA
 1699 CORAL WAY
 SUITE 302
 MIAMI FL 33145**

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 **PD** ☐ Delete
 NAME **PRIOR, MARIA ELENA**
 STREET ADDRESS **2 S. BISCAYNE BLVD., #3400**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **2727 Dilola**
 STREET ADDRESS **Miami FL 33133**
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **ALMEIDA, FLORENTINO**
 STREET ADDRESS **641 W FLAGER ST 3RD FLR**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **VPD** ☐ Delete
 NAME **GORT, WIFREDO**
 STREET ADDRESS **80 S.W. 8TH ST., #2120**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **600 Brickell Ave Suite 301 M**
 STREET ADDRESS **Miami FL 33131**
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **PRADO, ANTONIO**
 STREET ADDRESS **1390 BRICKELL AVE #230**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **13940 S.W. 47th Street, NE**
 STREET ADDRESS **Kendall, FL 33255**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone #

CR2E037 (9/01)