

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90189 004 \*\*\*\*70.00

**DOCUMENT # N04896**

1. Entity Name

**EAST LITTLE HAVANA COMMUNITY DEVELOPMENT CORPORATION**



Principal Place of Business

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

Mailing Address

**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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>PD</b>			<input type="checkbox"/>	<input type="checkbox"/>
	<b>PRIIO, MARIA ELENA</b>				
	<b>2727 HIOLA</b>				
	<b>MIAMI FL 33133</b>				
	<b>TD</b>			<input type="checkbox"/>	<input type="checkbox"/>
	<b>ALMEIDA, FLORENTINO</b>				
	<b>641 W FLAGLER ST 3RD FLR</b>				
	<b>MIAMI FL</b>				
	<b>VPD</b>			<input type="checkbox"/>	<input type="checkbox"/>
	<b>GORT, WIFREDO</b>				
	<b>600 BRICKELL AVE STE 301 M</b>				
	<b>MIAMI FL 33131</b>				
	<b>SD</b>			<input type="checkbox"/>	<input type="checkbox"/>
	<b>PRADO, ANTONIO</b>				
	<b>13940 S. W. 47TH ST. N E CENTER</b>				
	<b>KENDALL FL 33255</b>				
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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**

**1/15/03 305-235-7625**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)