

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012250

FILED
Apr 20, 2009
Secretary of State

Entity Name: UNION FAMILIA ESCOLAPIA CUBANA, INC.

Current Principal Place of Business:

13951 SW 66TH ST APT 601-A
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

PO BOX 522366
MIAMI, FL 33152

New Mailing Address:

FEI Number: 20-5982368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRIETO, HUMBERTO
13951 SW 66TH ST APT 601-A
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ORTEGA, CAMILO
Address: 1401 SW 102ND CT.
City-St-Zip: MIAMI, FL 33174

Title: VD () Delete
Name: PEREZ-ALBUERNE, EVELIO
Address: 8861 SW 75TH. ST.
City-St-Zip: MIAMI, FL 33173

Title: TD () Delete
Name: MENDEZ, JOSE L
Address: 101 OCEAN LANE DR., APT. 3013
City-St-Zip: KEY BISCAWAYNE, FL 33149

Title: SD () Delete
Name: PRIETO, HUMBERTO
Address: 13951 SW 66TH ST., APT. 601-A
City-St-Zip: MIAMI, FL 331832281

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE L MENDEZ

TD

04/20/2009

Electronic Signature of Signing Officer or Director

Date