

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N22383

1. Entity Name

ERNESTO LECUONA FOUNDATION, INC.



Principal Place of Business

234 ANTIQUERA AVENUE
#12
CORAL GABLES FL 33134

Mailing Address

234 ANTIQUERA AVENUE
#12
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2849337

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

CHABEBE, JORGE B
234 ANTIQUERA AVENUE
#12
CORAL GABLES FL 33134

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

Jorge B. Chabebe JORGE BEZ-CHABEBE

01-25-05

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
Due By May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	CHABEBE, JORGE B	
STREET ADDRESS	234 ANTIQUERA AVE	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAYDEE, ALFARO	
STREET ADDRESS	2741 SW 25TH TERRACE	
CITY- ST- ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	QUINTANA, GLADYS	
STREET ADDRESS	231 NW 9TH ST #3	
CITY- ST- ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VALDES, ARMANDO S	
STREET ADDRESS	7821 16 ST N	
CITY- ST- ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VALDES, ARMANDO P JR.	
STREET ADDRESS	1821 15 ST N	
CITY- ST- ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/05/05-80037-003 70.00

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:

Jorge B. Chabebe JORGE BEZ-CHABEBE

01-25-05

3054481838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone