

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24548

1. Entity Name

THE LATIN QUARTER CULTURAL CENTER OF MIAMI, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91723 021 ****61.25

Principal Place of Business

Mailing Address

1501 S.W. 8TH ST.
2ND FLOOR
CORAL GABLES FL 33134
US

1501 S.W. 8TH ST.
2ND FLOOR
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

1501 SW. 8th

101 MAJORCA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FLA

CORAL GABLES

Zip
33129

Country

Zip
FL

Country

33134

4. FEI Number

65-0032373

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required NO

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAGNER, ANTONIO
101 MAJORCA AVE
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.

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
WAGNER, TONY
101 MAJORCA AVE
CORAL GABLES FL 33134 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DIAZ, RALPH
101 MAJORCA AVE
CORAL GABLES FL 33134 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARRELANO, ELSA
18701 SW 134 AVE
MIAMI FL 33177 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAMIREZ, BEATRIZ
101 MAJORCA AVE
CORAL GABLES FL 33134 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

5-1-02 305-859-2707
Date Daytime Phone #

CR2E037 (9/01)