

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

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90166 043 \*\*\*\*70.10

**DOCUMENT # N24548**

1. Entity Name

**THE LATIN QUARTER CULTURAL CENTER OF MIAMI, INC.**



Principal Place of Business

**1501 S.W. 8TH ST.  
MIAMI FL 33129  
US**

Mailing Address

**101 MAJOREA AVE  
CORAL GABLES FL 33134  
US**

2. Principal Place of Business

3. Mailing Address

**1501 SW 8th**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FLA**

Zip

Country

**33135**

Country

**DADE**

4. FEI Number **65-0032373**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WAGNER, ANTONIO  
101 MAJORCA AVE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☒ Change ☐ Addition  
NAME **MISUEL ANGEL ABADIA**  
STREET ADDRESS **625 BILTMORE WAY - PHA**  
CITY-ST-ZIP **CORAL GABLES, FLA - 33134**

TITLE **D** ☒ Change ☐ Addition  
NAME **MARIA SANCHEZ**  
STREET ADDRESS **1501 SW 8th**  
CITY-ST-ZIP **MIAMI, FLA 33135**

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

TITLE ☐ Change ☐ Addition  
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]*

Date

Daytime Phone #

CR2E037 (10/02)