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

Mailing Address

13902 DENNELL LANE (33624)

DOCUMENT # N28050

1. Entity Name

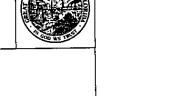
Principal Place of Business

CENTRO HISTORICO CULTURAL CUBANO, INC.



FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90070 003 ****70.00



13902 DENNELL LANE (33624) P. O. BOX 151866 TAMPA FL 33684-1866 US		13902 DENNELL LANE (33624) P.O. BOX 151866 TAMPA FL 33684-1866 US 3. Mailing Address						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-2909989			plied For Applicable
Zip	Country	Zip Cou		у	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				
U. Haile and Address of Carlos ages				Name				
RODRIGUEZ, ORLANDO P. 13902 DENELL LANE				Street Address (P.O. Box Number is Not Acceptable)				
tampa fl				City		FL	Zip Code	j
the obligati	named entity submits this statement for ions of registered agent.	or the purpose of changing	its registered	office or regist	ered agent, or both, in the	e State of Florida. I am fa	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (N	NOTE: Registered A	gent signature requir	red when reinstating)	DATE		
FILE NOW: FEE IS \$61.25 9. Election Campaign First Fund Contribut					\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
40	OFFICERS AND DI	BECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AND DIF	RECTORS IN	10
TITLE	Of Fide NATE SINES (SA		TITLE				Change	☐ Addition {
NAME	RODRIGUEZ, ORLANDO P.		NAME					;
STREET ADDRESS	13902 DENELL LANE			ADDRESS				
CITY-ST-ZIP			CITY-S	T-ZIP				1
TITLE	SD	☐ Delete	TITLE				☐ Change	Addition
NAME	GOMEZ, REMEMBER MACEO		NAME	ADDOCCC				
STREET ADDRESS	14909 AIRE PL.			ADDRESS T-ZIP			-	1
CITY-ST-ZIP -	TAMPA FL	<u></u>		1-214-			☐ Change	Addition
TITLE	TD	☐ Delete	TITLE NAME				onlings	
NAME	CARMONA, ADA G. 13105 W. IDLEWILD			ADDRESS				
STREET ADDRESS CITY-ST-ZIP	TAMPA FL		CITY-S			•		
	TAMPATE	☐ Delete	TITLE		<u></u>		☐ Change	☐ Addition
TITLE NAME	1	_ boloto	NAME					İ
STREET ADDRESS			STREET	ADDRESS				ļ
CITY-ST-ZIP			CiTY-S	T-ZIP				
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE				☐ Change	Addition
NAME			NAME					
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CITY-ST-ZIP			CITY-S	ST-ZIP		·-·		
TITLE		☐ Delete	TITLE				Change	Addition
NAME			NAME					
STREET ADDRESS				ADDRESS				}
CITY-ST-ZIP	1		CITY-S	01-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.

ANDO P. RODRIGUEZ 7 March 2003 (813) 968-7479