

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N39689

1. Entity Name
ASOCIACION FAMILIA ESCOLAPIA CUBANA, INC.



Principal Place of Business

**342 S. W. 23RD ROAD
MIAMI, FL 33129-8924**

Mailing Address

**PO BOX 522366
MIAMI, FL 33152-2366**

DO NOT WRITE IN THIS SPACE



02252005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0256192

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZAYAS-BAZAN, RAUL L.
342 S. W. 23RD ROAD
MIAMI, FL 33129-8924**

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IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ORTEGA, CAMILO
STREET ADDRESS	1401 SW 102 CT.
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	VD
NAME	QUIERO, ALEJANDRO
STREET ADDRESS	741 SE 46 PLACE
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	SD
NAME	PEREZ-ALBUERNE, EVENO
STREET ADDRESS	8861 SW 75TH ST.
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	VS
NAME	URIBARRI, JOSE R
STREET ADDRESS	40 MAJORCA AVE #201
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	TD
NAME	GARCIA, ANDRES
STREET ADDRESS	670 W 39TH PLACE
CITY-ST-ZIP	HIALEAH, FL
TITLE	TD
NAME	LUEGE, PAULINO
STREET ADDRESS	5290 SW 5TH ST.
CITY-ST-ZIP	MIAMI, FL 33134

U00000268281
03/18/05-80030-024 61.25

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #