

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90117 008 ****61.25

DOCUMENT # N96000003115

1. Entity Name

CENTRO CULTURAL ROSACRUZ AMORC LOGIA MISTES INC.

Principal Place of Business

Mailing Address

11474 WEST FLAGLER ST.
 MIAMI F: 33174

11474 WEST FLAGLER ST.
 MIAMI F: 33174-1024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0673251

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SANCHEZ, RAFAEL
5500 SW 129 AVE
MIAMI FL 33183

Name
LUIS O. VICTORIA

Street Address (P.O. Box Number is Not Acceptable)
10724 S.W. 118 Place

City
Miami **FL** Zip Code
33186

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

Luis O. Victoria C. **LUIS O. VICTORIA C.**

3/28/00

Signature, typed or printed name of registered agent and state, 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 | S | <input checked="" type="checkbox"/> Delete |
| NAME | FERNANDEZ, ANN M | |
| STREET ADDRESS | 1515 S.W. 122ND AVE. APT. 1 | |
| CITY-ST-ZIP | MIAMI FL 33184 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SANCHEZ, RAFAEL | |
| STREET ADDRESS | 6500 SW 129 AVE | |
| CITY-ST-ZIP | MIAMI FL 33183 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | VICTOIRA, LUIS O | |
| STREET ADDRESS | 10724 SW 118 PLACE | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ALONSO, VIVIANA | |
| STREET ADDRESS | 10135 NW 9 ST CIRCLE #206 | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | MARTI, WILFREDO | |
| STREET ADDRESS | 9240 SW 45 TERR | |
| CITY-ST-ZIP | MIAMI FL 33185 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------|--|
| TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Luis O. Victoria | |
| STREET ADDRESS | 10724 S.W. 118 Place | |
| CITY-ST-ZIP | Miami, Fl 33186 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ido Yumat | |
| STREET ADDRESS | 5020 S.W. 100 Ct. | |
| CITY-ST-ZIP | Miami, Fl 33165 | |
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Miguel A. Garcia | |
| STREET ADDRESS | 6851 S.W. 25 Terrace | |
| CITY-ST-ZIP | Miami, Fl 33155 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Luis O. Victoria C. **LUIS O. VICTORIA C.** **3/28/00** (305) 638-1785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)