

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000000570**

1. Entity Name

CULTURAL CLUB OF MIAMI, "ATENEA", INC.**FILED****Mar 03, 2000 8:00 am**
Secretary of State

03-03-2000 90187 047 ****61.25

Principal Place of Business

Mailing Address

7197 S.W. 8TH STREET
TOLEDO CENTER
MIAMI FL 33144P.O. BOX 453402
MIAMI FL 33245-3402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0737531

Applied For

Not Applicable

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****PEREZ, ORESTES**
1306 S.W. 6TH STREET
SUITE 3
MIAMI FL 33135

Name

Street Address (P.O. Box Number is Not Acceptable)

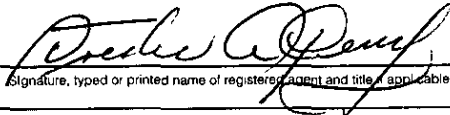
City

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)

1/28/2000
DATE**FILE NOW:**
FEE IS \$61.259. 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 ☐ Delete
NAME **D**
STREET ADDRESS **PEREZ, ORESTES A**
CITY-ST-ZIP **1306 SW 6TH STREET, #3**
MIAMI FL 33135TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CALZADILLA, RITA**
CITY-ST-ZIP **1306 SW 6TH STREET, #3**
MIAMI FL 33135TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HERNANDEZ, HELI H**
CITY-ST-ZIP **7261 SW 14TH STREET**
MIAMI FL 33144TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HERNANDEZ, MIRTA C**
CITY-ST-ZIP **7261 SW 14TH STREET**
MIAMI FL 33144TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)