

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90446 014 \*\*\*\*61.25

**DOCUMENT # N97000002616**

1. Entity Name

**CENTRO DE ARTES Y OFICIOS DE LA SALLE INC.**

Principal Place of Business

Mailing Address

31250 S W 134TH AVENUE  
 HOMESTEAD FL 33030  
 US

31250 S W 134TH AVENUE  
 HOMESTEAD FL 33033-5617  
 US

000104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0759494**

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

**DORADO, JOSE M**  
**4050 SW 134TH AVE**  
**MIAMI FL 33175**

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)

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  Delete  
 NAME **DP**  
 STREET ADDRESS **DORADO, JOSE M**  
 CITY-ST-ZIP **4050 SW 134TH AVE**  
**MIAMI FL 33175**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DS**  
 STREET ADDRESS **MANZANERO, MIGUEL**  
 CITY-ST-ZIP **5601 COLLINS AVE APT 917**  
**MIAMI BEACH FL 33140**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DT**  
 STREET ADDRESS **ERVITI, GUSTAVO A**  
 CITY-ST-ZIP **2700 SW 96TH AVE**  
**MIAMI FL 33165**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DVP**  
 STREET ADDRESS **RENA, FELIX**  
 CITY-ST-ZIP **9600 S W 8TH STREET, STE 26**  
**MIAMI FL 33174**

TITLE  Change  Addition  
 NAME **Peña, Félix**  
 STREET ADDRESS **9600 SW 8th Street, Suite 26**  
 CITY-ST-ZIP **Miami, FL 33174**

TITLE  Delete  
 NAME **DVT**  
 STREET ADDRESS **LOPEZ, ELSA**  
 CITY-ST-ZIP **12802 SW 45TH TER.**  
**MIAMI FL 33175**

TITLE  Change  Addition  
 NAME **Santiago, Raúl J.**  
 STREET ADDRESS **12802 SW 45th Terrace**  
 CITY-ST-ZIP **Miami, FL 33175**

TITLE  Delete  
 NAME **DVS**  
 STREET ADDRESS **LOPEZ, ELSA**  
 CITY-ST-ZIP **12754 SW 44 TER**  
**MIAMI FL 33175**

TITLE  Change  Addition  
 NAME **Lopez, Elsa**  
 STREET ADDRESS **12754 SW 44th Terrace**  
 CITY-ST-ZIP **Miami, FL 33175**

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 REQUIRED**  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jose M. Dorado*

*4/22/00*

*(305) 553-5336*

Date

Daytime Phone #

CR2E037 (9/99)