

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90049 025 ****61.25

DOCUMENT # N97000002616

1. Entity Name

CENTRO DE ARTES Y OFICIOS DE LA SALLE INC.

Principal Place of Business

31250 S W 134TH AVENUE
 HOMESTEAD FL 33030
 US

Mailing Address

31250 S W 134TH AVENUE
 HOMESTEAD FL 33030
 US

00032776



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

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	DP	<input type="checkbox"/> Delete
NAME	DORADO, JOSE M	
STREET ADDRESS	4050 SW 134TH AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MANZANERO, MIGUEL	
STREET ADDRESS	5601 COLLINS AVE APT. 917	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ERVITI, GUSTAVO A	
STREET ADDRESS	2700 SW 96TH AVE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	PENA, FELIX	
STREET ADDRESS	9600 S W 8TH STREET, STE 26	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	LOPEZ, ELSA	
STREET ADDRESS	12754 SW 44TH TERR	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	SANTIAGO, RAMIL J	
STREET ADDRESS	12802 SW 45TH TERR	
CITY-ST-ZIP	MIAMI FL 33175	

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		
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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	SANTIAGO RAUL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01 (305)553-5336
 Date Daytime Phone #

CR2E037 (10/00)