

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003178

1. Entity Name

GRUPO TEATRAL EL DUENDE, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90963 024 ****61.25

Principal Place of Business

4820 S.W. 92ND AVENUE
MIAMI FL 33165

Mailing Address

4820 S.W. 92ND AVENUE
MIAMI FL 33165-6505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0807548

☒ 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

TORRES, PATRICIA
1023 S.W. 12 CT. REAR
MIAMI FL 33135

Name ECHEVERRI, LINA MA.

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

7731 SW 136 AVE

City MIAMI

FL

Zip Code 33183

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

La Echee

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 ☐ Delete
NAME GARCIA-HUERTA, VICENTE R
STREET ADDRESS 4820 SW 92ND AVE
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME TORRES, PATRICIA
STREET ADDRESS 1023 SW 12 CT. REAR
CITY-ST-ZIP MIAMI FL 33135

TITLE DS. ☒ Change ☐ Addition
NAME ECHEVERRI, LINA MA.
STREET ADDRESS 7731 SW 136 AVE
CITY-ST-ZIP MIAMI, FL 33183

TITLE DT ☐ Delete
NAME RESTREPO, CARLOS E
STREET ADDRESS 15231 SW 80 ST. A208
CITY-ST-ZIP MIAMI FL 33193

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

Raul Garcia-Huerta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/00 (205) 279 0002

Date

Daytime Phone #

CR2E037 (9/99)