

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000329

1. Entity Name

CENTRO CULTURAL MEXICANO, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90314 023 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1200 NW 78TH AVENUE  
SUITE 203  
MIAMI FL 33126

1200 NW 78TH AVENUE  
SUITE 203  
MIAMI FL 33126-1817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0858827

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

WALROTH-SADURNI, STEPHEN P  
5200 BLUE LAGOON DR  
#600  
MIAMI FL 33126

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 | NAME | STREET ADDRESS               | CITY-ST-ZIP                                   | <input checked="" type="checkbox"/> Delete |
|-------|------|------------------------------|---|--|
|       | D    | MONASTERIO, LUIS O           | 1200 NW 78TH AVENUE STE 200<br>MIAMI FL 33126 | <input checked="" type="checkbox"/>        |
|       | D    | DE SAITCEVSKY, MA. TERRESA V | 1200 NW 78TH AVENUE STE 200<br>MIAMI FL 33126 | <input type="checkbox"/>                   |
|       | D    | WALROTH-SADURNI, STEPHEN P   | 999 BRICKELL AVE STE 1006<br>MIAMI FL 33131   | <input type="checkbox"/>                   |
|       | D    | CLARISSA CORTES              |   | <input type="checkbox"/>                   |
|       |      |                              |   | <input type="checkbox"/>                   |
|       |      |                              |   | <input type="checkbox"/>                   |

| TITLE | NAME | STREET ADDRESS                     | CITY-ST-ZIP                                     | <input type="checkbox"/> Change     | <input type="checkbox"/> Addition   |
|-------|------|------------------------------------|---|-------------------------------------|-------------------------------------|
|       | D    | MARIA TERESA VILLARREAL SAITCEVSKY | 1200 N.W. 78th AVE. STE. 203<br>MIAMI, FL 33126 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|       | D    | WALROTH-SADURNI, STEPHEN P         | 5200 BLUE LAGOON DR. #600<br>MIAMI, FL 33126    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|       |      | CLARISSA CORTES                    | 1200 N.W. 78th AVE. STE. 200<br>MIAMI, FL 33126 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|       |      |                                    |   | <input type="checkbox"/>            | <input type="checkbox"/>            |
|       |      |                                    |   | <input type="checkbox"/>            | <input type="checkbox"/>            |

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 of Maria Teresa Villarreal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

(305) 716-0095

Daytime Phone #

CR2E037 (9/99)