2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 10, 2003 8:00 am
Secretary of State
02-21-2003 90155 008 ****61.25

DOCUMENT # N98000003015

1. Entity Name
CASA CULTURAL DOMINICO-AMERICANA, INC.

Principal Place of Business	Mailing Address
1145 NORMANDY DR #206 MIAMI BEACH FL 33141 US	1145 NORMANDY DR #206 MIAMI BEACH FL 33141 US

☐ CHECK HERE IF MAKING CHANGES

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 NOT APPLICABLE ☐ 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
CAMINERO, MAXIMO 1145 NORMANDY DR #206 MIAMI BEACH FL 33141	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MAXIMO CAMINERO 2/15/03
Signature, type 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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT RUIZ, CESAR A 18344 NE 68TH AVE APT E MIAMI FL 33015-3434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT CAMINERO MAXIMO 19424 NE 26 AVE APT 131 NORTH MIAMI BEACH FL. 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAMINERO, MAXIMO 19424 NE 26TH AVE, APT 131 NORTH MIAMI BEACH FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GUZMAN ROBERTO 4642 ALTON Rd MIAMI BEACH 33141	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTALLANOS, TIBERIO 19424 NE 26 AVE #131 N MIAMI BCH FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REBECA CASTELLANOS SECRETARY 598 NE 77 ST MIAMI 33138	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPILLO, LUIS 533 SW 8TH ST MIAMI FL 33130	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SERRATA MEDAR D 598 NE 77 ST MIAMI 33138	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, CARLOS 2420 BRICKELL AVE #308B MIAMI FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CASTELLANOS TISERIO D 19424 NE 26 AVE #131 N. MIAMI BEACH FL 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA, FERNANDO 4600 SW 134 AVE MIAMI FL 33175	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ CARLOS 2420 BRICKELL AVE 308B MIAMI FL 33129	☐ Change ☐ Addition

CR2E037 (10/02)

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 MAXIMO CAMINERO 2/15/03 (305)757-8589 (305)772-7520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #