

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90318 035 ****61.25

DOCUMENT # **N02000005218**



1. Entity Name
WORKER'S UNION FOR CUBAN CHILDREN, INC.

Principal Place of Business
**7103 SW 112TH PLACE
MIAMI FL 33173**

Mailing Address
**7103 SW 112TH PLACE
MIAMI FL 33173**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
15335 SW 57 Street
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
miami, Florida

4. FEI Number **00-0000000** Applied For Not Applicable

Zip **33193** Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SANTROCK, HILDA
7103 SW 112TH PLACE
MIAMI FL 33173

7. Name and Address of New Registered Agent
Name **SANTROCK HILDA**
Street Address (P.O. Box Number is Not Acceptable)
7103 SW 112 Place
City **miami** FL Zip Code **33173**

Last name misspelled

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 *Hilda Santrock* DATE 1/22/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP SANTROCK, HILDA 7103 SW 112TH PLACE MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OSORIA, ANDRES 7103 SW 112TH PLACE MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Hilda Santrock* DATE: 1/22/03 (305) 382-1534

CR2E037 (10/02)