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

FILED
Sep 02, 2003 8:00 am
Secretary of State
09-02-2003 90190 015 ****70.00

DOCUMENT # 755951

1. Entity Name
LA FAMILIA CRISTIANA, INC.

Principal Place of Business	Mailing Address
12260 SW 8TH STREET STE. #220 CHANGED MIAMI FL 33184 US	12260 SW 8TH STREET STE #220 MIAMI FL 33184 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
12260 SW 8TH STREET	12260 SW 8TH STREET
Suite, Apt. #, etc.: 232	Suite, Apt. #, etc.: 232
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33184 Country: USA	Zip: 33184 Country: USA

4. FEI Number 59-2060034 ☐ 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
ESTEVEZ, ANDRE 12260 SW 8TH STREET STE. #220 MIAMI FL 33184	Name: ESTEVEZ, ANDRE Street Address (P.O. Box Number is Not Acceptable): 12260 SW 8TH STREET SUITE 232 City: MIAMI FL Zip Code: 33184

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: Andri Estevez 08-06-03
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
After September 10, 2003, min will be $236.25

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	PD CALVO, RENE R REV 14536 SW 98 TERR MIAMI FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CALVO, RENÉ R. REV. 14512 SW 98 TERR MIAMI FL 33186	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ESTEVEZ, ANDRE 3941 NW FLAGLER TERR MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ESTEVEZ, ANDRÉ 3941 NW FLAGLER TERR. MIAMI FL. 33126	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BETANCOURT, ARTIDES 8473 SW 137 AVE MIAMI FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BETANCOURT, ARTIDES 8473 SW 137 AVE MIAMI FL 33183	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COTO, ROBERTO 148 N.W. 60TH AVE. MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COTO, ROBERTO 2235 SW 8TH STREET APT. 103 MIAMI FL. 33135	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/03)

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 08-06-03 786-326 6589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #