## 2001 UNIFORM BUSINESS REPORT (UBR)

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## Feb 14, 2001 8:00 am Secretary of State **DOCUMENT # 767126** 1. Entity Name CRUZADA ESTUDIANTIL Y PROFESIONAL PARA CRISTO, I 02-14-2001 90005 013 \*\*\*\*70.00 Mailing Address Principal Place of Business 8537 SW 133 PLACE 8537 SW 133 PLACE MIAMI FL 33176 MIAMI FL 33183 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2305956 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FAFAN CLANDIA Street Address (P.O. Box Number is Not Acceptable) FARFAN, CLAUDIA N-10B Ct 8065 SW 107TH AVE #210 **MIAMI FL 33173** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE ☐ Delete TITLE DOMINGO, PERCY NAME NAME 8537 SW 133 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** ☐ Addition ☐ Change Delete TITLE **HUMBERTO, BONILLA** NAME NAME STREET ADDRESS STREET ADDRESS 9815 JOCKEY CLUB DR CITY-ST-ZIP CITY-ST-ZIF **HOUSTON TX 77065** ☐ Addition Change TITLE n ☐ Delete TITLE NAME DIAZ, CARLOS M NAME STREET ADDRESS STREET ADDRESS 1714 OSPREY BLVD CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33327 Change ☐ Addition ☐ Delete TITLE RINCON, OLGA NAME NAME STREET ADDRESS 15911 SW 90 CT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33157** Change ☐ Addition TITLE ☐ Delete TITLE CLAUDIA, FARFAN NAME NAME STREET ADDRESS STREET ADDRESS 8065 SW 107 AVE #210 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** TITLE D ☐ Delete TITLE ☐ Change Addition ANGELA. OTERO NAME NAME STREET ADDRESS 3851 ESTEPONA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33178 12. I hereby certify that the information supplied with this filling 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

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