

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90813 001 \*\*\*\*\*8.75  
 05-12-2002 90813 002 \*\*\*\*\*61.25

**DOCUMENT # N00000002782**

1. Entity Name  
**COMUNIDAD VIDA NUEVA CORPORATION**

Principal Place of Business: **17036 SW 144TH CRT MIAMI FL 33177**  
 Mailing Address: **17036 SW 144TH CRT MIAMI FL 33177**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **2520 NW 97 Ave**  
 Suite, Apt. #, etc.: **240**  
 City & State: **Miami, FL**  
 Zip: **33172** Country: **U.S.A.**

3. Mailing Address: **2520 NW 97 Ave**  
 Suite, Apt. #, etc.: **240**  
 City & State: **Miami, FL**  
 Zip: **33172** Country: **U.S.A.**

4. FEI Number: **65-1002250**  Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**PAZ, OSCAR A**  
**17036 SW 144 CRT**  
**MIAMI FL 33177**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>ECHANDIA, IVAN DARJO</b>	
STREET ADDRESS: <b>4540 NW 114TH AVE #1605</b>	
CITY-ST-ZIP: <b>MIAMI FL 33178</b>	
TITLE: <b>PD</b>	<input type="checkbox"/> Delete
NAME: <b>PAZ, OSCAR A</b>	
STREET ADDRESS: <b>17036 SW 144TH CRT</b>	
CITY-ST-ZIP: <b>MIAMI FL 33178</b>	
TITLE: <b>SD</b>	<input type="checkbox"/> Delete
NAME: <b>PAZ, AMANDA V</b>	
STREET ADDRESS: <b>17036 SW 144TH CRT</b>	
CITY-ST-ZIP: <b>MIAMI FL 33177</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **04-29-02 305-594-2977**  
 Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E037 (9/01)