

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90035 017 \*\*\*\*61.25

**DOCUMENT # N32965**



1. Entity Name  
**FLORIDA CENTER FOR PEACE, INC.**

Principal Place of Business  
**5000 SW 75 AVE.  
MIAMI FL 33155  
US**

Mailing Address  
**P.O. BOX 431-306  
MIAMI FL 33143  
US**

**90005384**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0185206**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**FLORIDA REGISTERED AGENTS, INC.  
100 S.E. 2ND STREET, 36TH FLOOR  
ONE CENTRUST FINANCIAL CENTER  
MIAMI FL 33131**

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

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**

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	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>SIMAN, LUIS</b>	
STREET ADDRESS	<b>5000 S.W. 75TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ADELA, SIMAN</b>	
STREET ADDRESS	<b>5000 SW 75TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOLA, JOSE</b>	
STREET ADDRESS	<b>1421 SAN BENITO AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GERTRUDIS, MOLA</b>	
STREET ADDRESS	<b>1421 SAN BENITO AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOAQUIN, NOVCA</b>	
STREET ADDRESS	<b>5730 SW 84TH AVE TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JACQUEKINE, NOVOA</b>	
STREET ADDRESS	<b>5730 SW 74TH AVE TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED** Luis E Simon 01-15-03

CR2E037 (10/02)