

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90062 002 \*\*\*\*61.25

**DOCUMENT # N94000003656**

1. Entity Name

**CEMI WORLD OUTREACH, INC.**

Principal Place of Business

6959 TORRES ST  
 JACKSONVILLE FL 32210  
 US

Mailing Address

6959 TORRES DR.  
 JACKSONVILLE FL 32210-4849

2. Principal Place of Business

6959 TORRES DR.  
 Suite, Apt. #, etc.

3. Mailing Address

6959 TORRES DR.  
 Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3263138

Applied For

Not Applicable

Zip

32210

Country

DUVAL

Zip

32210

Country

DUVAL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANDELARIA, JESSE L  
 2923 WATERS VIEW CIR  
 ORANGE PARK FL 32073

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

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 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CANDELARIA, JESSE L	
STREET ADDRESS	2923 WATERS VIEW CIR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CORTES, EDMAR D	
STREET ADDRESS	11127 CHESTER RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	S	<input type="checkbox"/> Delete
NAME	CENTENO, EDUARDO	
STREET ADDRESS	6539 TOWNSEND RD LOT 183	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	M	<input type="checkbox"/> Delete
NAME	MEJICA, CEZAR	
STREET ADDRESS	6636 RAWHYDE TRAIL N	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DE CASTRO, BELINDA	
STREET ADDRESS	7445 SWEET ROSE LN	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
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	4408 SUMMER HAVEN BLVD. S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8443 METTO ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOMEZ, FE T	
STREET ADDRESS	7137 EAGLES PERCH DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
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:

*Jesse L. Candelaria*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)