

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

0041271

DOCUMENT # **N95000003670**

1. Entity Name

CHRISTIAN BROTHERHOOD FOUNDATION, INC.

05-02-2001 90189 031 ****61.25

Principal Place of Business

Mailing Address

**7800 S.W. 56TH STREET
 MIAMI FL 33155
 US**

**7800 S.W. 56TH STREET
 MIAMI FL 33155**

LU058151



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0631149

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

**NUNEZ, ALEJANDRO ESQ.
 1607 PONCE DE LEON BLVD.
 STE. 101
 CORAL GABLES FL 33134**

Name **NUNEZ, ALEJANDRO ESQ**

Street Address (P.O. Box Number is Not Acceptable)

250 GIRALDA AVENUE

City **CORAL GABLES** FL Zip Code **33134**

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

ALEJANDRO NUNEZ ESQ

(NOTE: Registered Agent signature required when reinstating)

4-26-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	DELGADO, ALBERTO M	
STREET ADDRESS	12432 S.W. 11TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAMOS, GUIDO	
STREET ADDRESS	4415 S.W. 112TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DELGADO, MARIAM	
STREET ADDRESS	12432 S.W. 11TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, ALBERTO M	
STREET ADDRESS	9715 SW 114 STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO MARIAM	
STREET ADDRESS	9715 SW 114 STREET	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUNEZ, ALEJANDRO	
STREET ADDRESS	250 GIRALDA AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEIVA, DIEGO	
STREET ADDRESS	13635 DEERING BAY DR # PH 293	
CITY-ST-ZIP	CORAL GABLES, FL 33158	
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:

Alejandro Nunez REGISTERED AGENT

Date

Daytime Phone #

CR2E037 (10/00)