2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N98000021764 -1. Entity Name FOUNDATION FOR CHRISTIAN VALUES, INC. Principal Place of Business Mailing Address 8600 NW 53RD ST 8600 NW 53RD ST STE 201 STE 201 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 8600 NW 53 Terrace 8600 NW 53 Terrace Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 201 Suite 201 City & State City & State 4. FEI Number Miami, FL Miami, FL Country Zip Country 33166 U.S. 33166 U.S. 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PIMENTEL, ROBERTO 7170 SW 17TH TERR **MIAMI FL 33155** 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

9. Election Campaign Financing

11.

TITLE

NAME

TITLE

NAME STREET ADDRESS

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STREET ADDRESS

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Trust Fund Contribution.

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Signature, typed or printed name of registered agent and title if applicable.

-10310 NW-123 ST----

HIALEAH GARDENS FL 33016

HIALEAH GARDENS FL 33016

8600 NW 53RD TERR., STE 201

OFFICERS AND DIRECTORS

FILE NOW:

FEE IS \$61.25

PIMENTAL, ROBERTO

7170 SW 17TH TERR

MIAMI FL 33155

JOSE, RAUL S

JOSE, RAUL S

10310 NW 129 ST

SCHNEIDER, STEVEN

7170 SW 17 TERR

MIAMI FL 33155

ROSILLO, FRANK

MIAMI FL 33166

VPD

10.

TITLE

NAME

TITLE

NAME

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STREET ADDRESS

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FILED May 07, 2001 8:00 am § Secretary of State

05-07-2001 90019 047 ****61.25

DO NOT WRITE IN THIS SPACE Applied For 65-0880323 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Zip Code (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be Make Check Payable to **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Addition Change ☐ Change ☐ Addition Luis Daniel Merizalde 7170 SW 17_Terrace Miami, FL 33155 ☐ Change ☐ Addition ☐ Addition Change Raul San Jose 10310 NW 129 St. 33016 Hialeah Gardens, FL Change Addition ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing de indicated on this report or supplemental report is true and according to the corporation or the receiver or trustee appearance. does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information acquirate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 attachm

CITY-ST-ZIP

SIGNATURE:

Daytime Phone #