

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90130 004 \*\*\*\*70.00

**DOCUMENT # N98000002463**

**1. Entity Name**  
**CENTRO CRISTIANO FAMILIAR DE BOCA RATON, INC.**

<b>Principal Place of Business</b> 21121 ORIOLE COUNTRY RD BOCA RATON FL 33428-1195 US	<b>Mailing Address</b> 21121 ORIOLE COUNTRY RD BOCA RATON FL 33428-1195 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> 65-0838182		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>GERMAN, MARIO D</b> <b>100 E SAMPLE RD</b> <b>STE 320</b> <b>POMPANO BEACH FL 33064</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

**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** \_\_\_\_\_

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>PUGLIESE, RICARDO M</b> <b>3630 NW 85 WAY #302</b> <b>SUNRISE FL 33351</b> <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MONTESINO, ANDRES</b> <b>10339 SUNSTREAM</b> <b>BOCA RATON FL 33428</b> <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ROSA PUGLIESE</b> <b>9267 RAMBLEWOOD DRIVE #1412</b> <b>CORAL SPRINGS, FL, 33071</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>VALLEJO, MARYBEL</b> <b>6001 NW AVE.</b> <b>COCONUT CREEK FL 33073</b> <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TRD</b> <b>ANGEL VALLEJO</b> <b>6001 NW AVE.</b> <b>COCONUT CREEK, FL, 33073</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 OF RICARDO M. PUGLIESE 03/13/00 (954) 575-2259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)