

DOCUMENT # N99000000466

1. Entity Name

CHRISTIAN KNOWLEDGE, INC.

Principal Place of Business

Mailing Address

931 E. 40TH STREET
HIALEAH FL 33013931 E. 40TH STREET
HIALEAH FL 33013-2830

2. Principal Place of Business

3. Mailing Address

931 E 40 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, Fla.

City & State

Zip

33013

Country

Zip

Country

4. FEI Number

65-0940673

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAZARO, PABLO R
931 E. 40TH STREET
HIALEAH FL 33013

Name

LAZARO, PABLO R.

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

931 E 40 St.

City

Hialeah

FL

Zip Code

33013

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD LAZARO, PABLO R 931 E. 40TH STREET HIALEAH FL 33013	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROQUE, JUAN C 9980 SW 15 TERR MIAMI FL 33174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SABINA, OSVALDO 10200 SW 19TH TERR MIAMI FL 33135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, RUBEN 1301 W 60 TERR HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15 / 2000

Date

Daytime Phone #

CR2E037 (9/99)