

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002612

1. Entity Name

CENTRO CRISTIANO DE AMOR Y FE, INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90043 039 ****61.25

Principal Place of Business

Mailing Address

8325 N.W. 53 STREET
SUITE #104
MIAMI FL 33165

8325 N.W. 53 STREET
SUITE #104
MIAMI FL 33166-4698

2. Principal Place of Business

3. Mailing Address

12350 S.W. 132 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33186

DADE

4. FEI Number

65-0915742

Applied For

Not Applicable

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

DUSSAN, BELARMINO
8325 N.W. 53 STREET
SUITE #104
MIAMI FL 33165

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 Belarmino B. Dussan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-15-00

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 PD ☐ Delete
NAME DUSSAN, BELARMINO
STREET ADDRESS 91665 FOUNTAINBLEAU BLVD. #6
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☐ Change ☒ Addition
NAME Arles Valencia
STREET ADDRESS 7755 W 30 COURT #213
CITY-ST-ZIP Hialeah, FL 33018

TITLE VPD ☐ Delete
NAME MINA, OSCAR.G
STREET ADDRESS 91665 FOUNTAINBLEAU BLVD. #6
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☐ Change ☒ Addition
NAME Melly Valencia
STREET ADDRESS 7755 W 30 ST. #213
CITY-ST-ZIP Hialeah, FL 33018

TITLE STD ☒ Delete
NAME OSSA, VENTURA
STREET ADDRESS 91665 FOUNTAINBLEAU BLVD. #6
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: Belarmino B. Dussan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-00 305 640-1910

Date

Daytime Phone #

CR2E037 (9/99)