

2001 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
Jun 04, 2001 8:00 am
Secretary of State

04-30-2001 90146 002 ****70.00

DOCUMENT # N99000007103

1. Entity Name

UNIDAD CIVICA PERUANA, INC.

Principal Place of Business

Mailing Address

8347 S.W. 40TH STREET
MIAMI FL 33155

8347 S.W. 40TH STREET
MIAMI FL 33155

2. Principal Place of Business

P.O. Box 66-8257

3. Mailing Address

P.O. Box 66-8257

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33166

Country

Zip

33166

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASSA, SERGIO
8347 S.W. 40TH STREET
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

LUIS MORALES

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

251 N 65 WAY

City

HOLLYWOOD

FL

Zip Code

33024

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]
LUIS MORALES - PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

4/24/01

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MASSA, SERGIO	
STREET ADDRESS	8347 S.W. 40TH STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	MORALES, LUIS	
STREET ADDRESS	8347 S.W. 40TH STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZOILA, QUINONEZ	
STREET ADDRESS	5811 W. 21 CT.	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORALES, LUIS	
STREET ADDRESS	251 N 65 WAY	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CADENAS, JOSE	
STREET ADDRESS	4625 S.W. 112 PL	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINONEZ, ZOILA	
STREET ADDRESS	5791 W 21 CT.	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 reports 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] **LUIS MORALES PRESIDENT**

Date

4/24/01

Daytime Phone #

305-716-8770

CR2E037 (10/00)