

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003656

1. Entity Name

CEMI WORLD OUTREACH, INC.

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90997 047 ****70.00

Principal Place of Business

6959 TORRES ST
JACKSONVILLE FL 32210
US

Mailing Address

6959 TORRES DR.
JACKSONVILLE FL 32210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3263138

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

CANDELERIA, JESSE L
2923 WATERS VIEW CIR
ORANGE PARK FL 32073

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

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 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 CANDELERIA, JESSE L
STREET ADDRESS 2923 WATERS VIEW CIR
CITY-ST-ZIP ORANGE PARK FL 32073

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

TITLE VD ☐ Delete
NAME CORTES, EDMAR D
STREET ADDRESS 4408 SUMMER HAVEN BLVD S
CITY-ST-ZIP JACKSONVILLE FL 32258

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

TITLE S ☐ Delete
NAME CENTENO, EDUARDO
STREET ADDRESS 8443 METTO RD
CITY-ST-ZIP JACKSONVILLE FL 32244

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

TITLE M ☒ Delete
NAME DELA REA, NORBERTO D
STREET ADDRESS 11545 PETERSHAM FALLS LANE
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE M ☐ Change ☒ Addition
NAME ESCOBAR, ALWIN B.
STREET ADDRESS 269 SUMMER SPRINGS CT.
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE T ☐ Delete
NAME GOMEZ, RYAN BRIX T
STREET ADDRESS 7137 EAGLES PERCH DR
CITY-ST-ZIP JACKSONVILLE FL 32244

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REQUIRRESSE L CANDELERIA 02-28-02 904-777-5188

CR2E037 (9/01)