

# 2002 UNIFORM BUSINESS REPORT (UBR)

4/31

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90198 024 \*\*\*\*70.00

**DOCUMENT # N99000007103**

1. Entity Name

**UNIDAD CIVICA PERUANA, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 66-8257  
 MIAMI FL 33166

P.O. BOX 66-8257  
 MIAMI FL 33166

95051

2. Principal Place of Business

**3185 N.W. 82 AVE**

3. Mailing Address

**P.O. BOX 66-8257**

Suite, Apt. #, etc.

**108**

Suite, Apt. #, etc.

City & State

**MIAMI, F**

City & State

**MIAMI FL**

Zip

**33166**

Country

**MIAMI-DADE**

Zip

**33166**

Country

**MIAMI-DADE**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**MORALES, LUIS**  
**251 N 65 WAY**  
**HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

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

|                                                |                                                               |                                            |
|------------------------------------------------|---------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PO<br>MORALES, LUIS<br>251 N 65 WAY<br>HOLLYWOOD FL 33024     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>CARDENAS, JOSE<br>4625 S.W. 112 PLACE<br>MIAMI FL 33165 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>QUINONEZ, ZOILA<br>5791 W 21 COURT<br>HALEAH FL 33018   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                         |                                                                              |
|------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VICE PRESIDENT<br>CADENAS, JOSE D<br>4625 S.W. 112 PLACE<br>MIAMI, FL. 33165            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SECRETARY<br>JULIETA KOHLER D<br>18061 BISCAYNE BLVD. APT. 1401-2<br>AVENTURA, FL 33160 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TREASURER<br>JUAN C. AMADOR D<br>10773 NW 5831 ST. #205<br>MIAMI, FL. 33178             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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)(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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/02**

Date

**305-599-9943**

Daytime Phone #

CR2037 (9/01)