

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90137 024 ****61.25

DOCUMENT # 712455
 1. Entity Name
CURSILLOS DE CRISTIANDAD

Principal Place of Business Mailing Address
 16250 SW 112TH AVE 16250 SW 112TH AVE
 P. O. BOX 652307 P. O. BOX 652307
 MIAMI FL 33265-8887 **2307** MIAMI FL 33265-8887 **2307**

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 Applied For
59-0865839 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
~~CAMPA, MANUEL J.~~ **SANCHEZ ANTONIO**
~~6300 S.W. 33 ST.~~ **10750 S.W. 67 TERRACE**
~~MIAMI FL 33135~~ **MIAMI, FLORIDA 33173**

7. Name and Address of New Registered Agent
 Name **SANCHEZ ANTONIO**
 Street Address (P.O. Box Number is Not Acceptable) **10750 S.W. 67 TERRACE**
MIAMI, FL
 City **MIAMI, FL** Zip Code **33173**

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 Antonio Sanchez DATE 1/31/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | DV RIOS, RAUL 11531 SW 34 LANE MIAMI FL 33165 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ACOSTA, ROBERTO 157 NAVAJO ST MIAMI SPRINGS FL 33166 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MASQUE, JOSE L 11750 S.W. 18 ST., APT. 421 MIAMI FL 33175 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DF SANCHEZ, ANTONIO 10750 S.W. 67 TERRACE MIAMI, FL 33173 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PEREZ, SANTIAGO F. 9480 DOMINICAN DR. MIAMI, FL 33189 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS 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)(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: Antonio Sanchez DATE 1/31/01 305-592-2910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/00)