


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90146 017 ****61.25

DOCUMENT # 737868
1. Entity Name
UNIDAD/ONENESS CENTER OF TRUTH, INC



40023084

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9 KNOTWOOD LANE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
HOMOSASSA, FL

City & State

Zip
34446

Country
USA

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1797699

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
REV NORA A. CINA

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

City
HOMOSASSA

FL

Zip Code
34446

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Moracina* DATE 2/21/05

(NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORA A. CINA 9 KNOTWOOD LANE HOMOSASSA, FL 34446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UD HARVEY ABRAMSON 1086 Northeast 94th Street MIAMI SHORES, FL 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPAVATORE CINA 9 KNOTWOOD LANE HOMOSASSA, FL 34446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Spavatore CINA* - SPAVATORE CINA 2/21/05 352-382-7552

CR2E037B (12/02)