

**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



DO NOT WRITE IN THIS SPACE

40023084

2. Principal Place of Business

9 KNOTWOOD LANE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOMASSA, FL

City & State

4. FEI Number

59-1797699

Applied For

Not Applicable

Zip

34446

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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**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

HOMASSA

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

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

(NOTE: Registered Agent signature required when reinstating)

2/21/05

DATE

**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
HOMASSA, FL 34446

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

UD
HARVEY ABRAMSON
1086 Northeast 94th Street
MIAMI SPARES, FL 33138

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SALVATORE CINA
9 KNOTWOOD LANE
HOMASSA, FL 34446

TITLE
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CITY - ST - ZIP

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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:

Salvatore CINA - SALVATORE CINA

2/21/05 352-382-7552

CR2E037B (12/02)