

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 738799**

1. Entity Name

**MOVIMIENTO FAMILIAR CRISTIANO INC.**

Principal Place of Business

**480 E 8TH STREET  
HIALEAH FL 33010  
US**

Mailing Address

**780 N.W. LE JEUNE RD.  
SUITE 427  
MIAMI FL 33126-5536**

2. Principal Place of Business

3. Mailing Address

**782 NW LEJEUNE RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**439**

City &amp; State

City &amp; State

**MIAMI, FL**

4. FEI Number

**59-1756543**

Applied For

Not Applicable

Zip

Country

Zip

**33126**

Country

**USA**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

**CRUZ, ALEHANDRINA G ESQ.  
780 N W LE JEUNE RD  
SUITE 427  
MIAMI FL 33126**Name **ALEJANDRINA G. CRUZ ESQ.**Street Address (P.O. Box Number is Not Acceptable)  
**782 NW LEJEUNE RD****SUITE 439**

City

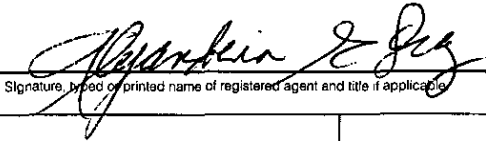
**MIAMI, FLORIDA****FL**

Zip Code

**33126**

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

**01-07-2000.****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**

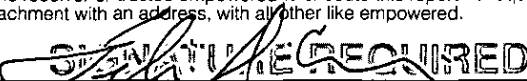
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **CARBALLO, ARLES**  
STREET ADDRESS **780 NW LE JEUNE ROAD**  
CITY-ST-ZIP **MIAMI FL 33126**TITLE **VD** ☒ Change ☒ Addition  
NAME **ALLER MARIO**  
STREET ADDRESS **782 NW LEJEUNE RD STE 439**  
CITY-ST-ZIP **MIAMI, FL 33126**TITLE **SD** ☐ Delete  
NAME **CRUZ, FELIX D**  
STREET ADDRESS **780 NW LE JEUNE ROAD**  
CITY-ST-ZIP **MIAMI FL 33126**TITLE **TD** ☒ Change ☐ Addition  
NAME **CRUZ, FELIX D.**  
STREET ADDRESS **782 NW LEJEUNE RD STE 439**  
CITY-ST-ZIP **MIAMI, FL 33126**TITLE **TD** ☒ Delete  
NAME **RIERA, JOSE L**  
STREET ADDRESS **780 NW LE JEUNE ROAD**  
CITY-ST-ZIP **MIAMI FL 33126**TITLE **SD** ☐ Change ☒ Addition  
NAME **SOLER JUSTO**  
STREET ADDRESS **782 NW LEJEUNE RD STE 439**  
CITY-ST-ZIP **MIAMI, FL 33126**TITLE **VD** ☐ Delete  
NAME **DE LA PENA, FELIX NUNEZ**  
STREET ADDRESS **780 NE LE JEUNE ROAD**  
CITY-ST-ZIP **MIAMI FL 33126**TITLE **PD** ☒ Change ☐ Addition  
NAME **DE LA PENE, FELIX NUNEZ**  
STREET ADDRESS **782 NW LEJEUNE RD STE 439**  
CITY-ST-ZIP **MIAMI, FL 33126**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

**FELIX D. CRUZ (TREASURER) 1/7/2000 (305)888-4811**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90271 017 \*\*\*\*61.25

**A0007634**

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)