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

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90292 011 ****61.25

DOCUMENT # 738799

1. Entity Name

MOVIMIENTO FAMILIAR CRISTIANO

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
480 E *TH STREET	782 NW LE JEUNE Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. STE 439
City & State: HIAHLEAH, FL	City & State: MIAMI, FL
Zip: 33010 Country: MIAMI-DADE	Zip: 33126 Country: MIAMI-DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1756543 ☐ 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: LEJANDREINA G. CRUZ ESQ.

Street Address (P.O. Box Number is Not Acceptable): 782 NW LE JEUNE Rd. STE 439

City: MIAMI 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 _____ DATE

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT-DIRECTOR DE LA PENA, FELIX NUNES 782 NW LE JEUNE Rd. STE 439 MIAMI, FLORIDA 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE- PRESIDENT ALLER F, MARIO 782 NW LE JEUNE Rd. STe 439 MIAMI, FLORIDA 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY-DIRECTOR SOLER JUSTO 782 NW LE JEUNE Rd. STE 439 MIAMI, FLORIDA 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURE-DIRECTOR CRUZ FELIX D. 782 NW LE JEUNE Rd. STe 439 MIAMI, FLORIDA 33126
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CR2E037B (12/01)

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: FELIX D. CRUZ, TREASURER 04/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #