2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State
03-28-2003 90082 005 ****61.25

DOCUMENT # 738799

1. Entity Name
MOVIMIENTO FAMILIAR CRISTIANO INC.

Principal Place of Business	Mailing Address
480 E 8TH STREET HIALEAH FL 33010 US	782 NW LE JEUNE RD STE 439 MIAMI FL 33126

☐ CHECK HERE IF MAKING CHANGES

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 59-1756543 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRUZ, ALEHANDRINA G ESQ.
782 NW LE JEUNE RD
STE 439
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~MARIO, ALLER F~~ 782 NW LEJEUNE RD STE 439 MIAMI FL 33126	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Eduardo Cabarcas SAME	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~CRUZ, FELIX D~~ 782 LEJEUNE RD STE 439 MIAMI FL 33126	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Arlés Carballo SAME	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~SOLEK, JUSTO~~ 782 NW LEJEUNE RD STE 439 MIAMI FL 33126	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Justo Soler SAME	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~DE LA PENA, FELIX NUNEZ~~ 782 NW LEJEUNE RD STE 439 MIAMI FL 33126	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Ernesto Lauzardo SAME	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED 3/15/03