

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764986

1. Entity Name

CONGREGACION CRISTIANA DE MIAMI, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90371 027 \*\*\*\*61.25

|  |   |
|--|---|
| Principal Place of Business<br>4300 SW 73 AVE<br>STE 102<br>MIAMI FL 33155<br>US | Mailing Address<br>4300 SW 73 AVE<br>STE 102<br>MIAMI FL 33173-2025<br>US |
|--|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>4900 SW 118 Avenue<br>Suite, Apt. #, etc. | 3. Mailing Address<br>10951 SW 64 Street<br>Suite, Apt. #, etc. |
|---|---|

|                           |                          |                             |                               |
|---------------------------|--------------------------|-----------------------------|-------------------------------|
| City & State<br>Miami, FL | City & State<br>MIAMI FL | 4. FEI Number<br>65-0045802 | Applied For<br>Not Applicable |
| Zip<br>33165              | Country<br>U.S.          | Zip<br>33173                | Country<br>U.S.               |



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br>DE AVILA, GERARDO<br>10951 SW 64 ST.<br>MIAMI FL 33173 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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.

SIGNATURE \_\_\_\_\_ (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  
Department of State**

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MERIDA, OSCAR<br>731 NE 3RD PL<br>HIALEAH FL <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>GOMEZ, MARIA LOURDES<br>12704 SW 98 COURT<br>MIAMI, FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>DE AVILA, GERARDO<br>10951 SW 64TH ST.<br>MIAMI FL <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>CUBA, CARLOS<br>6031 SW 95 COURT<br>MIAMI, FL 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RAMOS, LUCILO<br>2524 SW 104 CT<br>MIAMI FL 33165 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>RAMOS, CYNTHIA<br>2524 SW 104TH CT<br>MIAMI FL 33165 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>PEREDA, MANUEL<br>13850 SW 102 LANE<br>MIAMI FL <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CHARRY, ILEANA<br>11339 NW TERR<br>MIAMI FL <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: Cynthia Ramos 4/2/00 (305) 358-7605.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)