

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 26, 2001 8:00 am
Secretary of State

01-30-2001 90084 046 ****61.25

DOCUMENT # N00000002378

1. Entity Name

COMUNIDAD CRISTIANA DE HIALEAH, A.B.C, U.S.A, CO

Principal Place of Business

Mailing Address

9813 W. OKEECHOBEE RD., #206
HIALEAH GARDENS FL 33016

9813 W. OKEECHOBEE RD., #206
HIALEAH GARDENS FL 33016

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

65-0989478

Applied For

Not Applicable

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

CASAS, JOSE
9813 W. OKEECHOBEE RD., #206
HIALEAH GARDENS FL 33016

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CASAS, JOSE	
STREET ADDRESS	9813 W. OKEECHOBEE RD., #206	
CITY - ST - ZIP	HIALEAH GARDENS FL 33016	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASAS, IRAN	
STREET ADDRESS	6530 W. 5TH PLACE	
CITY - ST - ZIP	HIALEAH FL 33012	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASASO, ERNESTO	
STREET ADDRESS	2347 W. #2 69 ST.	
CITY - ST - ZIP	HIALEAH FL 33016	
TITLE	S	<input type="checkbox"/> Delete
NAME	CASTRO, DURLAN	
STREET ADDRESS	2321 SW 164 AVENUE	
CITY - ST - ZIP	MIRAMAR FL 33027	
TITLE	T	<input type="checkbox"/> Delete
NAME	OTERO, JORGE L	
STREET ADDRESS	1698 W 55 PL	
CITY - ST - ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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

1/22/01

305 557 7328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)