

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90813 001 *****8.75
 05-12-2002 90813 002 *****61.25

DOCUMENT # N00000002782

1. Entity Name

COMUNIDAD VIDA NUEVA CORPORATION

Principal Place of Business

Mailing Address

**17036 SW 144TH CRT
 MIAMI FL 33177**

**17036 SW 144TH CRT
 MIAMI FL 33177**

2. Principal Place of Business

3. Mailing Address

2520 NW 97 Ave

2520 NW 97 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

240

240

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33172

U.S.A.

33172

U.S.A.

4. FEI Number

65-1002250

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAZ, OSCAR A
 17036 SW 144 CRT
 MIAMI FL 33177**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **ECHANDIA, IVAN DARJO**
 STREET ADDRESS **4540 NW 114TH AVE #1605**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **PAZ, OSCAR A**
 STREET ADDRESS **17036 SW 144TH CRT**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **PAZ, AMANDA V**
 STREET ADDRESS **17036 SW 144TH CRT**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-02

305-594-2977

Date Daytime Phone #

CR2E037 (9/01)