

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004780

1. Entity Name

CENTRO EVENCELISTICO EL FARO, INC.

LA

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90045 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2050 WEST 56TH STREET  
#13  
HIALEAH FL 33016

2050 WEST 56TH STREET  
#13  
HIALEAH FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1025444

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

Name

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

8040 NW 170 TERRACE

City

Miami

FL

Zip Code

33015

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  
After September 12, 2001, min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, DELIA	
STREET ADDRESS	2050 WEST 56TH STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NAWISEH, MILCA	
STREET ADDRESS	2050 WEST 56TH STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOLAN, RUTH	
STREET ADDRESS	2050 WEST 56TH STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, DELIA	
STREET ADDRESS	2050 W. 56 ST. #13	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, DAISY	
STREET ADDRESS	2050 W. 56 ST.	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, ALEJANDRO	
STREET ADDRESS	2050 W. 56 ST.	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEZA, MARIA G.	
STREET ADDRESS	2050 W. 56 ST.	
CITY-ST-ZIP	HIALEAH, FL 33016	
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)(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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01

Date

(305) 819-2562

Daytime Phone #

CF2E037 (5/01)