

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

0008349

DOCUMENT # NO1000001434

1. Entity Name

CENTRO CRISTIANO CASABLANCA INC.



FILED
03 OCT -3 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2190 SW 8TH ST.
MIAMI FL 33135

Mailing Address

P. O. BOX 450932
MIAMI FL 33245

2. Principal Place of Business

3. Mailing Address

P O Box 680100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

Country

33168

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEAD, JANE L
1075 NE MIAMI GARDENS DR., #411 W
MIAMI FL 33179

7. Name and Address of New Registered Agent

Name RICHARD WILKERSON
Street Address (P.O. Box Number is Not Acceptable)
655 NW 125th Street
City Miami FL 33168

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

600023312906

09/24/03--01079--005 **61.25

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WEAD, JANE L	
STREET ADDRESS	1075 NE MIAMI GARDENS DR., #411W	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALAZAR, GRACE	
STREET ADDRESS	2180 SW 9TH ST.	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, DOUGLAS	
STREET ADDRESS	2184 SW 9TH ST.	
CITY-ST-ZIP	MIAMI FL 33135	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD WILKERSON	
STREET ADDRESS	655 NW 125th Street	
CITY-ST-ZIP	Miami FL 33148	
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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)