

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90361 036 ****61.25

DOCUMENT # NO1000001807

1. Entity Name

CENTRO INTERNACIONAL DE ALABANZA PEMBROKE PINES, INC.

Principal Place of Business

Mailing Address

8527 PINES BLVD STE 105
 PEMBROKE PINES FL 33024

8527 PINES BLVD STE 105
 PEMBROKE PINES FL 33024

2. Principal Place of Business

8527 Pines Blvd

3. Mailing Address

8527 Pines Blvd

Suite, Apt. #, etc.

Ste 101

Suite, Apt. #, etc.

Ste 208

City & State

Pembroke Pines

City & State

Pembroke Pines

Zip

33024

Country

USA

Zip

33024

Country

USA

4. FEI Number

65-1085579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERA, DAVID S
1570 SW 101ST TERR APT 204
PEMBROKE PINES FL 33025

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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	DP	<input type="checkbox"/> Delete
NAME	RIVERA, DAVID S	
STREET ADDRESS	1570 SW 101ST TERR #204	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RIVERA, PENELOPE DE	
STREET ADDRESS	1570 SW 101ST TERR #204	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GARCIA, CARLOS E	
STREET ADDRESS	1525 SW 111 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	DT	<input type="checkbox"/> Delete
NAME	AMAYA, ENRIQUE J	
STREET ADDRESS	1570 SW 101 TERR #204	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENITO, LILLIAN M	
STREET ADDRESS	19408 NW 56TH PL	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTERROSA, MARIO E	
STREET ADDRESS	15789 NW 10TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	

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	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garcia, Carlos E.	
STREET ADDRESS	1821 NW 96 Terr #5K	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amaya, Enrique J.	
STREET ADDRESS	1821 NW 96 Terr #5K	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
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 reports 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

DAVID S. RIVERA

3/28/02

(954) 538-9788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)