

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90018 029 ****61.25

DOCUMENT # NO1000002262

1. Entity Name

CENTRO ESPIRITUAL UMBANDISTA OXALA INC.

Principal Place of Business

**142 A BEACON BLVD V
 MIAMI FL 33135**

Mailing Address

**142 A BEACON BLVD V
 MIAMI FL 33135**

2. Principal Place of Business

3. Mailing Address

8701 SW 82nd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI - FL

City & State

City & State

Zip

Country

Zip

Country

33143

4. FEI Number

65-1100496

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

**CARBONELL, LUIS
 8701 SW 82ND CT
 MIAMI FL 33143**

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 ☐ Delete
 NAME **D CARBONELL, LUIS**
 STREET ADDRESS **8701 SW 82ND CT**
 CITY-ST-ZIP **MIAMI FL 33143**

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

TITLE ☐ Delete
 NAME **D PECCHIO, CLAUDIA**
 STREET ADDRESS **3765 ALCANTARA AVE COSTA DEL SOL**
 CITY-ST-ZIP **MIAMI FL 33178**

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

TITLE ☐ Delete
 NAME **D CARBONELL, MARCY**
 STREET ADDRESS **8701 SW 82ND CT**
 CITY-ST-ZIP **MIAMI FL 33143**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 CARBONELL

01/07/02 (305) 778-6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)