

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

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90124 025 \*\*\*\*\*70.00

DOCUMENT #

1. Entity Name

JESUS FRIENDS INTERNATIONAL FOUND. INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1040 S.E. 7<sup>th</sup> CT.

3. Mailing Address

SAME

Suite, Apt. #, etc.

APT. 105

Suite, Apt. #, etc.

City & State

DANIA BEACH, Florida

City & State

4. FEI Number

65-1118217

Applied For

Not Applicable

Zip

33004

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CARLOS SANCHEZ

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

6336 N.W. 188 LN, MIAMI

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. 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

FEE IS \$61.25

Initial or Amended UBR

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DIRECTOR  
JULIO CESTERO  
1040 S.E. 7<sup>th</sup> CT. APT. 105  
DANIA BEACH, FL. 33004

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DIRECTOR  
AURA CESTERO  
1040 S.E. 7<sup>th</sup> CT. APT. 105  
DANIA BEACH, FL. 33004

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TRUSTEE  
Smith Blanchard  
5 Judy Dr.  
Cressona, PA. 17929

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* JULIO CESTERO, President 4/29/03 954-925-5626

CR2E037B (12/02)