

AMENDED REPORT

APPROVED
AND
FILED09-16-2002 90091 015 ***61.25
N01000005145**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

02 OCT 18 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005145

1. Entity Name

HERMANDAD CRISTIANA INC

DO NOT WRITE IN THIS SPACE2. Principal Place of Business
8401 SW 107 AveSuite, Apt. #, etc.
206ECity & State
MiamiZip
33173

Country

3. Mailing Address

8401 SW 107 Ave

Suite, Apt. #, etc.
206ECity & State
MiamiZip
33173

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0555668

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Rene Garcia

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

8401 SW 107 Ave. #206E

City Miami

FL Zip Code
33173

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

Rene Garcia

Signature, typed or printed name of registered agent, and title if applicable.

(No E. Registered Agent signature required when reissuing)

DATE

9/11/02

FEE IS \$61.25
Initial or Amended UBR9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D - Jose A. Hernandez
2301 Flamingo Dr.
Miramar, FL 33023TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D - Tito R. Oltmans
11435 SW 59 Ter.
Miami, FL 33173TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D - Mario Byrnes
510 N. Ocean Blvd. #202
Pompano Beach, FL 33062TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D - RENE GARCIA
8401 SW 107 Ave. #206E
MIAMI, FL 33173TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
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)(f), 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 AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR

Rene Garcia

+ 10-302

(307) 985-3096

Date

Daytime Phone #

CR2E037B (12/01)