

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90212 021 \*\*\*\*61.25

**DOCUMENT # N01000005202**

1. Entity Name

**COMMUNITY LIFE DEVELOPMENT CORP.**

Principal Place of Business

Mailing Address

3511 S.W. 8TH STREET  
 SUITE 202-A  
 MIAMI FL 33134

5511 S.W. 8TH STREET  
 SUITE 202-A  
 MIAMI FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOPEZ CISNEROS, MERCEDES**  
**5511 S.W. 8TH STREET**  
**SUITE 202-A**  
**MIAMI FL 33134**

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          | <b>PD</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>LOPEZ CISNEROS, MERCEDES</b> |                                 |
| STREET ADDRESS | <b>5511 S.W. 8TH STREET</b>     |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33134</b>           |                                 |
| TITLE          | <b>VPD</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>CRISTANCHO, MARIA A</b>      |                                 |
| STREET ADDRESS | <b>5971 S.W. 88TH STREET</b>    |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33156</b>           |                                 |
| TITLE          | <b>STD</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>CRUZ, CHARO</b>              |                                 |
| STREET ADDRESS | <b>460 LORETTO AVENUE</b>       |                                 |
| CITY-ST-ZIP    | <b>CORAL GABLES FL 33143</b>    |                                 |
| 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"/> 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 Mercedes Lopez Cisneros 1/11/02 305-261-2992*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)