FILED
Aug 21, 2003 8:00 am
Secretary of State

04-24-2003 90255 018 ****61.25

4/24/

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000007219

1. Entity Name
CENTRO CRISTIANO DE ALABANZA GRACIA Y PAZ INC.

55054703

[redacted]

Principal Place of Business
13991 S.W. 122ND AVE # 105
MIAMI FL 33186

Mailing Address
13991 S.W. 122ND AVE # 105
MIAMI FL 33186

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 13991 S.W. 120 Ave. #105
Suite, Apt. #, etc.
City & State: Miami, FLORIDA
Zip: 33186 Country: USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 13-425-4557 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NEIRA, HILDA
13991 S.W. 122ND AVE # 105
MIAMI FL 33186

7. Name and Address of New Registered Agent
Name: JUAN Andres Neira
Street Address (P.O. Box Number is Not Acceptable): 13991 S.W. 120 Ave #105
City: Miami FL Zip Code: 33186

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] 7/7/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: Director NAME: JUAN Andres Neira STREET ADDRESS: 13991 S.W. 122 Ave #105 CITY-ST-ZIP: Miami, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (10/02)

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 8/15/03 305 256 7322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #