

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90710 023 ****61.25

DOCUMENT # N02000007900

1. Entity Name

REBANO COMPANERISMO CRISTIANO DE BROWARD, INC.



Principal Place of Business

11361 SW 20TH STREET
MIRAMAR FL 33025

Mailing Address

11361 SW 20TH STREET
MIRAMAR FL 33025

2. Principal Place of Business

6339 Johnson st

3. Mailing Address

11361 S.W 20th street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Miramar, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

FEI Number

61-1428432

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARRION, JUAN J PASTOR
11361 SW 20TH STREET
MIRAMAR FL 33025

7. Name and Address of New Registered Agent

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. 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

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

TITLE PD ☐ Delete
NAME CARRION, JUAN J
STREET ADDRESS 11361 SW 20TH STREET
CITY-ST-ZIP MIRAMAR FL 33025

TITLE VD ☐ Delete
NAME CARRION, ANNAL L
STREET ADDRESS 11361 SW 20TH STREET
CITY-ST-ZIP MIRAMAR FL 33025

TITLE TD ☐ Delete
NAME FRANCO, SAROIDA M
STREET ADDRESS 3241 SABAL PALM MANOR #102
CITY-ST-ZIP HOLLYWOOD FL

TITLE SD ☐ Delete
NAME ARCE, JULISSA
STREET ADDRESS 504 NW 163 AVE.
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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]* **NOT RE REQUIRED** JUAN J. CARRION 14 MAR 03 954-443-9616

CR2E037 (10/02)