


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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90212 003 \*\*\*\*70.00

**DOCUMENT # N22776**

1. Entity Name  
**KARDECIAN ESPIRITISM FEDERATION OF FLORIDA INCORPORATED**



Principal Place of Business  
**6450 NW 77 CT., 2DO. PISO  
MIAMI FL 33166  
US**

Mailing Address  
**P.O. BOX 44-0892  
MIAMI FL 33144  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

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

4. FEI Number **65-0034375**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PENA, ANA E  
13772 SW 149 CIRCLE LANE  
MIAMI FL 33186**

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 *Ana Elena Peña* DATE **01/13/2003**

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 NAME	<b>P PENA, ANA E</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>13772 SW 149 CIRCLE LANE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE NAME	<b>V RODRIGUEZ, HAYDEE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1150 NE 137TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	
TITLE NAME	<b>S PEREZ, MARIA ANICIA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>7707 SW 86TH STREET #105-B</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE NAME	<b>TD SANTOS, CHRISTOPHER</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>5265 NW 112TH AVE #108</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE NAME	<b>D BANCHON, FERNANDO</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>12956 NW 10TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33182</b>	
TITLE NAME	<b>D SILVA, MARLENY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>8850 SW 72 ST #G-145</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Ana Elena Peña* DATE **01/13/2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)