2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
02-25-2002 90571 028 ****61.25

DOCUMENT # N23702

1. Entity Name

CENTRO CRISTIANO FUENTE DE VIDA, INC.

Principal Place of Business	Mailing Address
7400 NW 7TH ST 201-203 MIAMI FL 33126 US	18312 SW 94TH CT. MIAMI FL 33157-1753 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6135 NW 167 St. E13	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah FL	City & State
Zip: 33015 Country: USA	Zip Country

4. FEI Number: 65-0025405 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARRERO, RADAMES 9780 JAMAICA DRIVE MIAMI FL 33189	Name: Radames Marrero Street Address (P.O. Box Number is Not Acceptable): 18312 SW 94 Ct. City: Miami FL 33157 FL

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: X Radames Marrero 2-12-02

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTRD MARRERO, RADAMES 9780 JAMAICA DRIVE MIAMI FL	☐ Delete	V Nancy Marrero 18312 SW 94 Ct. Miami FL 33157	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TTRD MELVIN CHIN 9365 SW 171 ST TERRACE MIAMI FL	☐ Delete	S Norma Torres 14234 SW 148 Pl. Miami, FL 33196	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MENDOZA, CARLOS 1242 W. 35TH STREET HIALEAH FL 33012	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOJICA, GUSTAVO 11806 SW 272ND TERRACE HOMESTEAD FL 33032	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: X SIGNATURE REQUIRED Radames Marrero 2-12-02

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR DATE