

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26240

1. Entity Name

COMUNIDAD CRISTIANA SINAI, INC.

Principal Place of Business  
22500 OLD DIXIE HIGHWAY  
GOULDS FL 33170

Mailing Address  
22500 OLD DIXIE HIGHWAY  
GOULDS FL 33170

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

65-0799280

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

MAAS, JOHN P ESQ.  
44 NE 16 STREET  
HOMESTEAD FL 33030

Name RAMIRO MEMBRENO

Street Address (P.O. Box Number is Not Acceptable)

22500 OLD DIXIE HIGHWAY

City GOULDS

FL

Zip Code 33170

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 PD  
NAME MEMBRENO, RAMIRO PASTOR  
STREET ADDRESS 22500 OLD DIXIE HIGHWAY  
CITY-ST-ZIP GOULDS FL 33170 ☐ Delete

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

TITLE DVP  
NAME VELASQUEZ, ANTONIO  
STREET ADDRESS 22500 OLD DIXIE HIGHWAY  
CITY-ST-ZIP GOULDS FL 33170 ☐ Delete

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

TITLE DS  
NAME CANCINO, LYDIA  
STREET ADDRESS 22500 OLD DIXIE HIGHWAY  
CITY-ST-ZIP GOULDS FL 33170 ☐ Delete

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

TITLE DT  
NAME VEGA, LUCILA  
STREET ADDRESS 22500 OLD DIXIE HIGHWAY  
CITY-ST-ZIP GOULDS FL 33170 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-06-01 (305) 258-9418

FILED  
Jan 23, 2001 8:00 am  
Secretary of State

01-23-2001 90063 010 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)