

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED

Sep 18, 2000 8:00 am
Secretary of State

08-23-2000 90030 027 ****70.00

DOCUMENT # N33169

1. Entity Name

THE CHRISTIAN MIRACLE FOUNDATION INC.

Principal Place of Business

14880 SW 158 ST
MIAMI FL 33187
US

Mailing Address

14880 SW 158 ST
MIAMI FL 33187
US

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

65-0136880

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIFUENTES, MARIA
15328 SW 144 TERR.
MIAMI FL 33196

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.

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
After September 13, 2000 min. will be \$236.25

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DE LA CRUZ, ERIC	
STREET ADDRESS	4321 S.W. 148TH AVE. CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CIFUENTES, MARIA	
STREET ADDRESS	15328 SW 144 TERR	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	D	<input type="checkbox"/> Delete
NAME	CIFUENTES, AURELIO	
STREET ADDRESS	15328 SW 144 TERR.	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	GLORIA HERNANDEZ	
STREET ADDRESS	18961 NW 10TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA CIFUENTES	
STREET ADDRESS	14880 SW 158 ST	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIFUENTES AURELIO	
STREET ADDRESS	14880 SW 158 ST	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLORIA HERNANDEZ	
STREET ADDRESS	18961 NW 10TH AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARIA CIFUENTES 8/19/00 305-2356462