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

DOCUMENT # N42234

1. Entity Name

COMUNIDAD CRISTIANA CASA DE RESTAURACION, INC.

FILED

02 OCT 23 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2002 UBR

2. Principal Place of Business	3. Mailing Address
2930 LARK Rd Suite, Apt. #, etc.	2930 LARK Rd. Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FLORIDA	City & State: WEST PALM BEACH, FLORIDA
Zip: 33406 Country: USA	Zip: 33406 Country: USA

4. FEI Number: 65-0249934 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: JORGE ROSALES

Street Address (P.O. Box Number is Not Acceptable): 9265 S.W. 2ND ST.

City: BOCA RATON FL Zip Code: 33428

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: Jorge A Rosales

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	CHAIRMAN
NAME	RUBEN L. ARROYO
STREET ADDRESS	15120 S.W. 149 AVE
CITY-ST-ZIP	MIAMI, FL, 33196
TITLE	PRESIDENT
NAME	JORGE ROSALES
STREET ADDRESS	9265 S.W. 2ND ST
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	DIRECTOR
NAME	FRANK ALVAREZ
STREET ADDRESS	236 SANDPIPER AVE
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	DIRECTOR
NAME	ABELINO MENDEZ
STREET ADDRESS	4044 SANDRA LN
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	TREASURER
NAME	JOSE BENITEZ
STREET ADDRESS	6284 C. DURHAM DR.
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	SECRETARY/DIRECTOR
NAME	MANUEL BARAHONA
STREET ADDRESS	9630 SUNPOINTE DR.
CITY-ST-ZIP	BOYNTON BEACH, FL 33437

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Manuel Barahona