2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 18, 2000 8:00 am
Secretary of State
04-24-2000 90058 009 ****61.25

DOCUMENT # N45332

1. Entity Name

COMHINA - COOPERACION MISIONERA DE HISPANOS DE N

Principal Place of Business	Mailing Address
4151 WEST OAK RIDGE ROAD ORLANDO FL 32839 US	4151 WEST OAK RIDGE ROAD ORLANDO FL 32809-4437 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
233 S. SEMORAN Blvd	P.O. BOX 593754
Suite, Apt. #, etc.	Suite, Apt. #, etc.
ORLANDO, FL.	ORLANDO, FL.
City & State	City & State
32859-3754	
Zip / Country	Zip / Country

4. FEI Number 59-3097282 ☐ 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
CINTRON, JOSE G. 4151 WEST OAK RIDGE ROAD ORLANDO FL 32839	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	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	D CINTRON, JOSE G. 7635 AUTUMN PINES DR. ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, ALDO O. 612 WAVECREST DR. ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREASURER CARABALLO, JOSÉ MIGUEL ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRERA, DIANA 901 MARLOWE AVE. ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SECRETARY EDWIN COLÓN ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REYES, WILSON PO BOX 1954 APOPKA FL 32704	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S OSORIO, ARMANDO PO BOX 15217 LA CA 90015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED 4/13/00 (407)351-4161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #