2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90063 032 ****61.25

DOCUMENT # N45332

1. Entity Name

COMHINA - COOPERACION MISIONERA DE HISPANOS DE N ORTEAMERICA, INC.

Principal Place of Business	Mailing Address
233 S SEMORAN BLVD ORLANDO FL 32839 US	P.O. BOX 593754 ORLANDO FL 32859-3754 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5821 DAHLIA DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
ORLANDO	
City & State	City & State
ORLANDO FL	
Zip / Country	Zip / Country
32807 / U.S.A	

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
QUEIREZ, EDISON 233 S SEHORAN BLVD ORLANDO FL 32807	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	PDT QUEIRDO, EDISON 233 S SEMOAAD BLVD ORLANDO FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CARABALLO, JOSE' M 612 WAVECREST DR. ORLANDO FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ESPAÑA, CARLOS 1648 CORTEZ ST LOS ANGELES, CA. 90.026	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS COLON, EDWIN 901 MARLOWE AVE. ORLANDO FL	☐ 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
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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 _____ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #