

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90616 042 \*\*\*\*70.00

**DOCUMENT # N46438**

1. Entity Name

**CENTRO BIBILICO INTERNACIONAL DE HIALEAH A/G, IN C.**

Principal Place of Business

Mailing Address

**7342 W 20 AVE  
HIALEAH FL 33016**

**7342 W. 20TH AVE.  
HIALEAH FL 33016  
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

**65-0309138**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ACOSTA, BORIS  
6755 NW 169 ST C  
HIALEAH FL 33015**

7. Name and Address of New Registered Agent

Name

**Boris Acosta**

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

**6755 NW 169 ST #C**

City

**Hialeah**

**FL**

Zip Code

**33015**

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

*Boris Acosta*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/22/02**

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

T  
**FORD, ZULEYMA** ☐ Delete  
STREET ADDRESS **6595 W 24TH COURT #101**  
CITY-ST-ZIP **HIALEAH FL 33016**

I  
**IBARRA, NURY** ☐ Delete  
STREET ADDRESS **% 2740 WEST 63RD ST #107**  
CITY-ST-ZIP **HIALEAH FL**

D  
**ACOSTA, BORIS** ☐ Delete  
STREET ADDRESS **6755 NW 169 ST UNIDAD C**  
CITY-ST-ZIP **MIAMI FL 33015**

☐ Delete

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T  
**FORD ZULEYMA** ☒ Change ☐ Addition  
STREET ADDRESS **2610 W 64 ST.**  
CITY-ST-ZIP **HIALEAH FL 33016**

I  
**NURY BARBOSA** ☒ Change ☐ Addition  
STREET ADDRESS **18936 NW 67 AVE. #105**  
CITY-ST-ZIP **HIALEAH FL 33015**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

*Boris Acosta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02 305-3626917**

CR2E037 (9/01)