## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N93000003888

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## **FILED** Apr 23, 2003 8:00 am Secretary of State

CHRISTIA		unselors asso	CIATIO	ON, INC.				04-23-2003 90	153 048 ****	61.25
Principal Plac 11420 SW 43 S MIAMI FL 3316	11420	sw 43 S FL 33165	ST .				- 4 + 2 ·			
2. Principal F	Place of Business	<b>3.</b> Ma	3. Mailing Address							
Suite, Apt.	Su	uite, Apt.	#, etc.	-X			CHECK HERE IF M	IAKING CHANGE	s	
City & Stat	c	ity & State	e			4. FEI Number N	OT APPLICABI	LE	Applied For Not Applicable	
Zip	Counti	y Zi	P		Country		5. Certificate of Sta	atus Desired [	\$8.75 A	dditional
	6. Name and Addr	ess of Current Register	ed Agent	t			7. Name and Add	ress of New Regis		
			1		Nar	me_URI	ARTE, JEST	JS .		
URIARTE.	JESUS FLAGLER ST.				Stre	et Address (	(P.O. Box Number is N	lot Acceptable)	<u></u>	
SUITE K	FLAGLEN SI.		}				N.W. 42 A	venue		
MIAMI FL	33134		:		City		te 610	, m	Zip Co	ode
	<del></del>	·-··				Mia	mi, FL 33		<u>ru</u>	
	named entity submits to tions of registered agent	his statement for the purp	oose of çi	hanging its re	egistered offi	ce or register	red agent, or both, in	the State of Florida	. I am familiar wit	h, and accept
the obligat		•	1							
the obligat										
SIGNATURE .	Signature, typed or printed name	e of registered agent and title if ap	plicable.	(NOTE: I	Registered Agent	signature required	d when reinstating)		DATE	
SIGNATURE .	Signature, typed or printed name	·	9. Ė	(NOTE: I Election Camp rust Fund Co	paign Financi	··	\$5.00 May Be Added to Fees		Check Payabl Department of	
SIGNATURE .	FILE NOW: FEE IS	·	9. E	election Camp	paign Financi	ing	\$5.00 May Be	Florida D	Check Payabl Department of	State IN 10
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12. I hereby certify that the information supplied with this filling 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:

APRIL 19.2003 (305) 553-3052