

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91288 048 ****61.25

DOCUMENT # N94000002383

1. Entity Name

**CENTRO LATINO-AMERICANO DE MISIONES Y ENTRENAMIE
NTO, INC.**



Principal Place of Business

P O BOX 832555
MIAMI FL 33283

Mailing Address

P O BOX 832555
MIAMI FL 33283

2. Principal Place of Business

15710 SW 109 AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

Country

33157

USA

Zip

Country

4. FEI Number 65-0515097

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIBEIRO, GERSON
11100 SW 156 ST
MIAMI FL 33157

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RIBEIRO, GERSON
STREET ADDRESS 15710 SW 109 AVE
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE D
NAME FELDER, RICHARD
STREET ADDRESS 8306 MILLS DRIVE, #362
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VPD
NAME RIBEIRO, ELISA
STREET ADDRESS 15710 SW 109 AVE
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE TSD
NAME HENRY DAVID CENTENO CORDOBA
STREET ADDRESS 11035 SW 156 TERR
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED

04.25.03

(305) 253.4493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)