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

Mailing Address

PO BOX 524156

MIAMI FL 33152

3. Mailing Address

City & State

Suite, Apt. #, etc.

DOCUMENT # N94000004018

1. Entity Name

3399 N. W. 72 AVF

MIAMI FL 33132

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

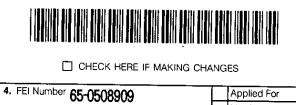
CENTRO INTERNACIONAL DE TEOTERAPIA INTEGRAL, INC



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90041 033 ****78.75

70011518



DATE

Not Applicable

Zip Code

Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASTANO, LUIS B Street Address (P.O. Box Number is Not Acceptable)

3399 N. W. 72 AVE MIAMIFL 33132 MIAHI FL 33122

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.

City

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE ☐ Change ☐ Addition CASTANO, LUIS B NAME STREET ADDRESS 3399 NW 72ND AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE □-Change Addition NAME JAIMES. DELMA NAME STREET ADDRESS 14981 SW 147 CT STREET ADDRESS CITY-ST-7IP **MIAMI FL 33196** CITY-ST-ZIP TITLE . Delete ... TITLE ☐ Change Addition NAME Castano olga NAME STREET ADDRESS 9939 NW 29 ST STREET ADDRESS CiTY-ST-ZIP **MIAMI FL 33172** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

1/10/02 (305)8989780