

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002540

1. Entity Name

CENTRO DE ESTUDIO CRISTIANOS, INC. OF MIAMI

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90003 024 ****61.25

Principal Place of Business

424 S.W. 12 AVE.
100
MIAMI FL 33130

Mailing Address

P.O. BOX 2167
MIAMI FL 33144

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

65-0593090

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

RODRIGUEZ, SENEN
424 S.W. 12 AVE.
#100
MIAMI FL 33130

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	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, SENEN	
STREET ADDRESS	P.O. BOX 2167	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	SENA, ANA	
STREET ADDRESS	P.O. BOX 2167	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHAZZANES, JUAN CARLOS	
STREET ADDRESS	P.O. BOX 2167	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	T/T	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, OLGA	
STREET ADDRESS	P.O. BOX 2167	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	T	<input type="checkbox"/> Delete
NAME	TORRES, ISABEL	
STREET ADDRESS	P.O. BOX 2167	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, CARLOS	
STREET ADDRESS	P.O. BOX 2167	
CITY-ST-ZIP	MIAMI FL 33144	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAIS Vega	
STREET ADDRESS	2005 P.O. Box 2167	
CITY-ST-ZIP	Miami, FL 33144	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Senen Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00 (305) 221-9720
Date Daytime Phone #

CR2E037 (9/99)