

DOCUMENT # 190000002040

1. Entity Name
CENTRO DE ESTUDIO CRISTIANOS, INC. OF MIAMI

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90028 039 ****61.25

Principal Place of Business
424 S.W. 12 AVE.
100
MIAMI, FL 33130Mailing Address
P.O. BOX 2167 44-1646
MIAMI, FL 33144 -1646

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0593090Applied For
Not Applicable

Zip

Country

Zip

Country

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 20059. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake check payable to
Florida 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	RODRIGUEZ SENEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 44-1646	
STREET ADDRESS	MIAMI FL 33144-1646	
CITY- ST- ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MESIAS, IDLIA	
STREET ADDRESS	P.O. BOX 2167	
CITY- ST- ZIP	MIAMI, FL 33144	

TITLE	MESIAS IDLIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 44-1646	
STREET ADDRESS	MIAMI FL 33144-1646	
CITY- ST- ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	CHAZZANES, JUAN CARLOS	
STREET ADDRESS	P.O. BOX 2167	
CITY- ST- ZIP	MIAMI, FL 33144	

TITLE	CHAZZANES JUAN CARLOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 44-1646	
STREET ADDRESS	MIAMI FL 33144-1646	
CITY- ST- ZIP		

TITLE	T/T	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, OLGA	
STREET ADDRESS	P.O. BOX 2167	
CITY- ST- ZIP	MIAMI, FL 33144	

TITLE	RODRIGUEZ, OLGA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 44-1646	
STREET ADDRESS	MIAMI, FL 33144-1646	
CITY- ST- ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MORALES, PEDRO	
STREET ADDRESS	P.O. BOX 2167	
CITY- ST- ZIP	MIAMI, FL 33144	

TITLE	MORALES PEDRO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 44-1646	
STREET ADDRESS	MIAMI FL 33144-1646	
CITY- ST- ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, CARLOS	
STREET ADDRESS	P.O. BOX 2167	
CITY- ST- ZIP	MIAMI, FL 33144	

TITLE	DIAZ CARLOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 44-1646	
STREET ADDRESS	MIAMI FL 33144-1646	
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

2/18/05

Date

305-224-9720

Daytime Phone #