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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500003670

CHRISTIAN BROTHERHOOD FOUNDATION, INC.

Principal Place of Business Mailing Address 7800 S.W. 56TH STREET 7800 S.W. 56TH STREET **LUU58151** MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0631149 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALEJANDRO NUNEZ. ALEJANDRO ESQ. 1607 PONCE DE LEON BLVD. GIRALDA STE. 101 **CORAL GABLES FL 33134** 8. The above named entity by mits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Fiorida ALEJANDRO NUNEL ESQ **SIGNATURE** FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CR2E037 (10/00) ☐ Delete Change Change TITI F ☐ Addition TITLE DELGADO, ALBERTO M 9715 SW 114 STREET DELGADO, ALBERTO M NAME NAME STREET ADDRESS 12432 S.W. 11TH TERRACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33176 **MIAMI FL 33184** TITLE ☐ Delete TITLE ☐ Change ☐ Addition RAMOS, GUIDO NAME STREET ADDRESS 4415 S.W. 112TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL VPD VPD TITLE ☐ Delete TITLE **L**Change ☐ Addition DELGADO MARIAM DELGADO, MARIAM NAME NAME 9715 SW 114 STREET STREET ADDRESS STREET ADDRESS 12432 S.W. 11TH TERRACE CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33176 MIAMI FL NUNEZ, ALESANDRO 250 GIRALDA AUENUE Addition ☐ Delete TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, TITLE ☐ Delete TITLE LEIVA, DIEGO 13635 DEERING BAY DR # PH 293 STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP CORAL GABLES, FL 3315 TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

CANDET WELLS ECDINE ETDE HAS AND RESIDENCE OF DIRECTOR

42601

305-7746220