

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90151 037 ****61.25

DOCUMENT # N95000003670

1. Entity Name

CHRISTIAN BROTHERHOOD FOUNDATION, INC.

Principal Place of Business

Mailing Address

**7800 S.W. 56TH STREET
 MIAMI FL 33155
 US**

**7800 S.W. 56TH STREET
 MIAMI FL 33155**

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

65-0631149

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

**NUNEZ, ALEJANDRO ESQ.
 250 GIRALDA AVE
 CORAL GABLES FL 33134**

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.

ALEJANDRO NUNEZ

(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 NAME	CD DELGADO, ALBERTO M	<input type="checkbox"/> Delete
STREET ADDRESS	9715 SW 114TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE NAME	SD RAMOS, GUIDO	<input type="checkbox"/> Delete
STREET ADDRESS	4415 S.W. 112TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	VPD DELGADO, MARIAM	<input type="checkbox"/> Delete
STREET ADDRESS	9715 SW 114TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE NAME	D NUNEZ, ALEJANDRO	<input type="checkbox"/> Delete
STREET ADDRESS	250 GIRALDA AV E	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE NAME	D LEIVA, DIEGO	<input type="checkbox"/> Delete
STREET ADDRESS	13635 DEERING BAY DR 293	
CITY-ST-ZIP	CORAL GABLES FL 33158	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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 ALEJANDRO NUNEZ (D)

4-25-02

305-7746222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone (Area #)