

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90189 023 \*\*\*\*61.25

**DOCUMENT # N95000004404**

1. Entity Name

**CENTRO CRISTIANO CASA DE ORACION, INC.**

Principal Place of Business

5711 W HALLANDE BEACH BLVD  
 HOLLYWOOD FL 33023

Mailing Address

5497 MIRAMAR PKWY  
 MIRAMAR FL 33023  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0603276**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**TORRES, CARLOS**  
 5711 W HALLANDE BEACH BLVD  
 HOLLYWOOD FL 33023

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DP  
 TORRES, CARLOS  
 5711 W HALLANDE BEACH BLVD  
 HOLLYWOOD FL 33023 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DS  
 CORALES, NILDA  
 5711 W HALLANDE BEACH BLVD  
 HOLLYWOOD FL ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DT  
 VELEZ, EFRIAN  
 5711 W HALLANDE BEACH BLVD  
 HOLLYWOOD FL ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DS  
 HUNDLEY-GUTIERREZ, KATHERINE  
 5711 W. HALLANDE BEACH BLVD  
 HOLLYWOOD, FL. 33023 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DT  
 BALAGUER, JAIME  
 5711 W. HALLANDE BEACH BLVD  
 HOLLYWOOD, FL 33023 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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 817, 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 REQUIRED* Carlos Torres 4/15/2001 954-983-1831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 (10/00)