

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003616

1. Entity Name

COMUNIDAD DE FE INC.

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

05-24-2000 90140 044 ****70.00

Principal Place of Business

Mailing Address

3982 NW 167 ST
MIAMI FL 33054
US

3982 NW 167 ST
MIAMI FL 33054-6280
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0679362

Applied 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

DAVILA, HERMAN
7815 W. 29 LANE
#202
HIALEAH FL 33016

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]

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	DAVILA, HERMAN	
STREET ADDRESS	7815 W. 29TH LANE, 202	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CHE, ROBERTO	
STREET ADDRESS	18936 NW 57 AVE., #207	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHE, ELVIRA	
STREET ADDRESS	18936 NW 57 AVE., #207	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHE, ROBERTO	
STREET ADDRESS	18936 NW 57 AVE, #207	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, NORBERTO	
STREET ADDRESS	17820 N.W. 79 AVENUE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAAS, MIGUEL	
STREET ADDRESS	1085 N.E. 126 STREET, #1	
CITY-ST-ZIP	MIAMI FL 33161	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Jose Mitjans</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Vice President</i>	
STREET ADDRESS	<i>3375 W 76 ST #201</i>	
CITY-ST-ZIP	<i>HIALEAH, FL 33016</i>	
TITLE	<i>SECRETARY</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>JUDITH PEREZ</i>	
STREET ADDRESS	<i>4351 NW 196 ST</i>	
CITY-ST-ZIP	<i>MIAMI FL 33055</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Ricardo Perez</i>	
STREET ADDRESS	<i>4351 NW 196 ST</i>	
CITY-ST-ZIP	<i>MIAMI FL 33055</i>	

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00

305 625 5828

Daytime Phone #

CR2E037 (9/99)