

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # N96000003616****1. Entity Name**
COMUNIDAD DE FE INC.**Principal Place of Business**
3982 NW 167 ST
MIAMI FL 33054 US**Mailing Address**
3982 NW 167 ST
MIAMI FL 33054 US**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
65-0679362**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**DAVILA HERMAN
7815 W. 29 LANE
#202
HIALEAH FL
33016 US

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** **04/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	<input type="checkbox"/> Delete
D	MAAS MIGUEL	1085 N.E. 126 STREET, #1	MIAMI FL 33161	<input type="checkbox"/>
D	LOPEZ NORBERTO	17820 N.W. 79 AVENUE	MIAMI FL 33015	<input type="checkbox"/>
T	CHE ROBERTO	18936 NW 57 AVE, #207	HIALEAH FL 33015	<input type="checkbox"/>
S	PEREZ JUDITH	4351 NW 196ST	OPA LOCKA FL 33055	<input type="checkbox"/>
VP	MATJANS JOSE	3375 W. 76 ST #201	HIALEAH FL 33016	<input type="checkbox"/>
PD	DAVILA HERMAN	7815 W. 29TH LANE, 202	HIALEAH FL 33016	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	DAVILA RUTH	7815 W 29 LN UNIT 202	HIALEAH FL 33016	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
S	CHE ELVIRA	18936 NW 57 AVE UNIT 207	HIALEAH FL 33015	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	CHE ROBERTO	18936 NW 57 AVE UNIT 207	HIALEAH FL 33015	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** HERMAN DAVILA

PD

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)