

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

0057415

**DOCUMENT # N96000006365**

1. Entity Name

**CHRISTIAN FAMILY CENTER OF RIVERVIEW, INC.**

04-28-2001 90024 048 \*\*\*\*\*70.00

Principal Place of Business

Mailing Address

1066 US 301 SOUTH  
 RIVERVIEW FL 33569

P.O. BOX 1221  
 RIVERVIEW FL 33568

2. Principal Place of Business

**12001 Big Bend Rd.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Riverview, Florida**

City & State

Zip

**33569**

Country

**USA**

Zip

Country

4. FEI Number

**68-0621949**

Applied For

Not Applicable

5. Certificate of Status Desired

**X**

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**COLLAZO, HECTOR**  
**6410 MOSS WAY**  
**TAMPA FL 33625**

7. Name and Address of New Registered Agent

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.

(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

TITLE **PD** ☐ Delete  
 NAME **COLLAZO, HECTOR**  
 STREET ADDRESS **11004 SCOTT LOOP**  
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **D** ☒ Delete  
 NAME **ESTEVA, ARTEMIO**  
 STREET ADDRESS **12914 LOVERS LN**  
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **D** ☒ Delete  
 NAME **BALDERAS, VICTOR**  
 STREET ADDRESS **1328 ATLANTIC DR**  
 CITY-ST-ZIP **RUSKIN FL 33570**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Miguel A. TOVAR** ☒ Change ☐ Addition  
 NAME **13402 Lara Way**  
 STREET ADDRESS **Riverview, FL 33569** **(D)**  
 CITY-ST-ZIP

TITLE **Jesus M. OZUNA** ☒ Change ☐ Addition  
 NAME **12119 Anderson Dr.**  
 STREET ADDRESS **Riverview, FL 33569** **(D)**  
 CITY-ST-ZIP

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

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

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 life empowered.

SIGNATURE:

**Hector Collazo P/D**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-1-01**

Date

**813-964-8204**

Daytime Phone #

CR2E037 (10/00)