

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90635 039 \*\*\*\*70.00

**DOCUMENT # N97000000397**

1. Entity Name

**CONSEJO APOSTOLICO MUNDIAL "CEHALDI", INC.**

Principal Place of Business

8025 NW 36 STREET  
 SUITE 302  
 MIAMI FL 33166  
 US

Mailing Address

8025 NW 36 STREET  
 SUITE 302  
 MIAMI FL 33166  
 US

38032



DO NOT WRITE IN THIS SPACE

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

65-0727716

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

**CORDERO, AFLONSO**  
**8025 NW 36 STREET**  
**SUITE 302**  
**MIAMI FL 33166**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME CRUZ, ROBERT  
 STREET ADDRESS 8025 NW 36 STREET STE, 302  
 CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE **DT**  
 NAME **Cordero, Alfonso**  
 STREET ADDRESS **8025 N.W. 36 Street Ste, 302**  
 CITY-ST-ZIP **Miami, FL 33166** ☐ Change ☒ Addition

TITLE VPD  
 NAME CRUZ, MANUEL  
 STREET ADDRESS 8025 NW 36 STREET STE, 302  
 CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

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

TITLE TD  
 NAME CRUZ, ROSE M  
 STREET ADDRESS 8025 NW 36 STREET STE, 302  
 CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

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

TITLE SD  
 NAME MUNOZ, ELIZABETH  
 STREET ADDRESS 8025 NW 36 STREET STE, 302  
 CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

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

TITLE ~~OFFICER~~  
 NAME **CORDERO, ALFONSO**  
 STREET ADDRESS **8025 N.W. 36 street Ste, 302**  
 CITY-ST-ZIP **Miami, FL 33166** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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 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: ROSEMARY CRUZ**

**4/23/02**

**(305) 649-4407**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)