

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003046

1. Entity Name

CENTRO CRISTIANO DE ALABANZA, INCORPORATED ✓

Principal Place of Business

7205 SW 125 AVE
MIAMI FL 33183
US

Mailing Address

~~7205 SW 125 AVE~~ 7090 SW 117 AVE
~~MIAMI FL 33183~~ MIAMI FL 33183
~~US~~ USA

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

65-0140707

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

RUIZ, ANDRES I
8385 SW 165TH TERR
MIAMI FL 33152

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)

7/13/2000
DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 D ☐ Delete
NAME VALEDON, VINCENT
STREET ADDRESS 5525 SARDINIA ST.
CITY-ST-ZIP CORAL GABLES FL 33146

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

TITLE D ☐ Delete
NAME VALEDON, BLANCA D
STREET ADDRESS 5525 SARDINIA ST.
CITY-ST-ZIP CORAL GABLES FL 33146

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

TITLE D ☐ Delete
NAME RUIZ, ANDRES
STREET ADDRESS 8385 SW 165 TERR.
CITY-ST-ZIP MIAMI FL 33157

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

TITLE D ☐ Delete
NAME DUGAND, JOSE V
STREET ADDRESS 10441 SW 155 CT, APT 922
CITY-ST-ZIP MIAMI FL 33196

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

TITLE ~~D~~ ☒ Delete
NAME ~~GERPA, JOSE~~
STREET ADDRESS ~~2550 SW 1 AVE~~
CITY-ST-ZIP ~~MIAMI FL 33135~~

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT ANDRES I. RUIZ 7/12/00 (305) 598-9788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90010 027 ****70.00



DO NOT WRITE IN THIS SPACE