

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006236

1. Entity Name

COMMUNITY REINVESTMENT AGENCY, INC.

Principal Place of Business

250 BIRD ROAD, STE. 102  
CORAL GABLES FL 33146

Mailing Address

250 BIRD ROAD, STE. 102  
CORAL GABLES FL 33146

2. Principal Place of Business

250 BIRD ROAD  
Suite, Apt. #, etc.  
SUITE 200

3. Mailing Address

250 BIRD ROAD  
Suite, Apt. #, etc.  
SUITE 200

City & State  
CORAL GABLES, FL

City & State  
CORAL GABLES, FL

Zip  
33146

Country  
U.S.A.

Zip  
33146

Country  
U.S.A.

REINSTATEMENT

4. FEI Number 65-0799187

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIRANDA, JOSE E  
250 BIRD ROAD, STE. 102  
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name  
JOSE E. MIRANDA  
Street Address (P.O. Box Number is Not Acceptable)  
250 BIRD ROAD  
SUITE 200  
City  
CORAL GABLES FL Zip Code  
33146

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

4-6-2001  
7-11-2000

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ARROYO, GILDA I 250 BIRD ROAD, STE. 102 CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAYNON, PATRICIA J 250 BIRD ROAD, STE. 102 CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, EMILIO 250 BIRD ROAD, STE. 102 CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MIRANDA, JOSE E 250 BIRD ROAD, STE. 102 CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MANUEL J. MARI 250 BIRD ROAD # 200 CORAL GABLES, FL. 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ANGEL GLEMENTE 250 BIRD ROAD # 200 CORAL GABLES, FL. 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004035756-2 -04/20/01--01062--024 ****306.25 ****306.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, P, VP, S, T JOSE E. MIRANDA 250 BIRD ROAD # 200 CORAL GABLES, FL. 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-2001  
7-11-2000 (305) 444-3037

Date Daytime Phone #

CR2E037 (5/00)