

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002079

1. Entity Name

FUNDACION CENTRO AMERICANA, INC.

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90088 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1762 CORAL WAY  
MIAMI FL 33145

1762 CORAL WAY  
MIAMI FL 33145-2729

2. Principal Place of Business

3. Mailing Address

*Miami, Fla*  
Suite, Apt. #, etc.  
*1762 Coral Way*  
City & State  
*Miami, Fla.*

*1762 Coral Way*  
Suite, Apt. #, etc.  
City & State  
*Miami, Fla.*

Zip  
*33145* Country  
*USA*

Zip  
*33145* Country  
*USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0942751

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

CANERA, EDUARDO ESQ  
1762 CORAL WAY  
MIAMI FL 33145

Name

Street Address (P.O. Box Numbers 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	<input type="checkbox"/> Delete
NAME	CANERA, EDUARDO	
STREET ADDRESS	1762 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUZMAN-CANERA, JOSEPHINE	
STREET ADDRESS	1762 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VARELLA, HELEN	
STREET ADDRESS	1762 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/6/2000*

CR2E037 (9/99)