

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90173 011 ****70.00

DOCUMENT # N98000002463

1. Entity Name

CENTRO CRISTIANO FAMILIAR DE BOCA RATON, INC.

Principal Place of Business

Mailing Address

21121 ORIOLE COUNTRY RD
 BOCA RATON FL 33428-1195
 US

21121 ORIOLE COUNTRY RD
 BOCA RATON FL 33428-1195
 US

80078039



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0838182

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PUGLIESE, RICARDO
915 RIVERSIDE DRIVE APT 513
CORAL SPRINGS FL 33071

Name **Ricardo Pugliese**

Street Address (P.O. Box Number is Not Acceptable)

915 Riverside Drive Apt # 513

City **CORAL SPRINGS** FL Zip Code **33071**

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

4/15/02

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	PUGLIESE, RICARDO M	
STREET ADDRESS	715 RIVERSIDE DR APT 513	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VALLEJO, MARYBEL	
STREET ADDRESS	6001 NW AVE.	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	TRD	<input type="checkbox"/> Delete
NAME	PUGLIESE, ROSA	
STREET ADDRESS	915 RIVERSIDE DR APT 513	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VALLEJO, ANGEL	
STREET ADDRESS	6001 NW AVE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUIZ, OLGA	
STREET ADDRESS	11465 NW 45 ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 (954) 575-2259

Date

Daytime Phone #

CR2E037 (9/01)