

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90024 011 \*\*\*\*61.25

0043107

**DOCUMENT # N98000003550**

1. Entity Name

**COMUNIDAD DE VIDA CRISTIANA REGINA MUNDI, INC.**

Principal Place of Business

**411 NW 107TH AVE. APT 201  
 MIAMI FL 33172**

Mailing Address

**411 NW 107TH AVE. APT 201  
 MIAMI FL 33172**

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

**65-0910593**

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

**LEON, HERMINIA G  
 411 NW 107TH AVE, APT 201  
 MIAMI FL 33172**

Name

**Mendoza, Graciela**

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

**4728 SW 67 Ave # J-7**

City

**Miami, FL**

**FL**

Zip Code

**33155**

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

*Graciela Mendoza*

*Graciela Mendoza*

**4-7-2001**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 LEON, HERMINIA G  
 411 NW 107TH AVE, APT 201  
 MIAMI FL 33172** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**GRACIELA MENDOZA  
 4728 SW 67 Av. # J-7  
 Miami, FL 33155** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD  
 BALOYRA, MARIA C  
 10842 SW 119 CT  
 MIAMI FL 33176** ☐ Delete **PD**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Ana C. Muller  
 231 NW 109 Av # 202 SD  
 Miami, FL 33172** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD  
 VAZQUEZ, GUILLERMINA  
 400 95 ST  
 SURFSIDE FL 33154** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Ana C. Muller  
 231 NW 109 Av # 202 SD  
 Miami, FL 33172** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ 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

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:

*Maria C. Baloyra*  
**MARIA C. BALOYRA**

**4/7/01 (305)  
 476 5258**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)