

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91147 014 ****61.25

DOCUMENT # *N9800000 3550*

1. Entity Name

Comunidad de Vida Cristiana Regina Mondri I.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4728 SW 67 Ave

3. Mailing Address

4728 SW 67 Ave

Suite, Apt. #, etc.

J-7

Suite, Apt. #, etc.

J-7

City & State

Miami FL

City & State

Miami, FL

4. FEI Number

Applied For

Not Applicable

Zip

33155

Country

Dade

Zip

33155

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Graciela Mendoza

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

4728 SW 67 Ave #J-7

City

Miami

FL

Zip Code

33155

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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

Baloyra, Maria C
445 Zamora Ave
Miami FL 33134

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Muiter, Anacelia
231 NW 109 Ave #202
Miami FL 33172

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Graciela Mendoza
4728 SW 67 Ave #J-7
Miami FL 33155

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Graciela Mendoza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)