

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90318 017 ****70.00

DOCUMENT # N98000004073

1. Entity Name

CENTRO INTERNACIONAL DE ALABANZA NORTE, INCORPOR

Principal Place of Business

Mailing Address

1800 W. 68 ST.
 HIALEAH FL 33014

1800 W. 68 ST.
 HIALEAH FL 33014

2. Principal Place of Business

3. Mailing Address

1800 W 68 ST

1800 W 68 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

137

137

City & State

Hialeah fl

City & State

Hialeah fl

4. FEI Number

65-0849433

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRERA, HERNAN
 15853 SW 71 ST.
 MIAMI FL 33193

Name

Street Address (P.O. Box Number is 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP BARRERA, HERNAN	TITLE	
NAME	BARRERA, HERNAN	NAME	
STREET ADDRESS	15853 SW 71 ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33193	CITY-ST-ZIP	
TITLE	DS BARRERA, MICHELLE	TITLE	
NAME	BARRERA, MICHELLE	NAME	
STREET ADDRESS	15853 SW 71 ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33193	CITY-ST-ZIP	
TITLE	DV JAIME, JULIO	TITLE	
NAME	JAIME, JULIO	NAME	
STREET ADDRESS	8400 SW 133 AVE. RD., BLDG. 1 #204	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	CITY-ST-ZIP	
TITLE	DT IXCHU, ALBERT	TITLE	
NAME	IXCHU, ALBERT	NAME	
STREET ADDRESS	9021 SW 77 AVE. #303-B	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	
TITLE	D JAIME, CLAUDIA	TITLE	
NAME	JAIME, CLAUDIA	NAME	
STREET ADDRESS	8400 SW 133 AVE. RD., BLDG. 1 #204	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	CITY-ST-ZIP	
TITLE	D IXCHU, LIZBETH	TITLE	
NAME	IXCHU, LIZBETH	NAME	
STREET ADDRESS	9021 SW 77 AVE. #303-B	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33012	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)