

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

FILED

02 MAY 22 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-06/06/02--01007--008  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

DOCUMENT # **198000004073**  
1. Entity Name  
**CENTRO INTERNACIONAL DE ARABANZA NORTE**

**DO NOT WRITE IN THIS SPACE**

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2. Principal Place of Business <b>14100 PALMETTO FRONTAGE RD</b>		3. Mailing Address <b>14100 PALMETTO FRONTAGE RD</b>	
Suite, Apt. #, etc. <b>SUITE 106</b>		Suite, Apt. #, etc. <b>SUITE 106</b>	
City & State <b>MIAMI LAKES, FL</b>		City & State <b>MIAMI LAKES, FL</b>	
Zip <b>33016</b>	Country <b>USA</b>	Zip <b>33016</b>	Country <b>USA</b>

4. FEI Number <b>65-0849433</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **HERNAN BARRERA**

Street Address (P.O. Box Number is Not Acceptable)  
**14100 PALMETTO FRONTAGE ROAD**

**SUITE 106**

City **MIAMI LAKES** FL Zip Code **33016**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	State Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>BARREAA, HERNAN D P</b> <b>5420 SW 130 AVE</b> <b>MIRAMAR, FL 33027</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>BARRERA, MICHELLE D S</b> <b>5420 SW 130 AVE</b> <b>MIRAMAR, FL 33027</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SAIME, JULIO D V</b> <b>2690 W. 76TH ST #104</b> <b>HIALEAH, FL 33016</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SAIME, CLAUDIA D</b> <b>2690 W. 76TH ST.</b> <b>HIALEAH, FL 33016</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **05/01/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)