

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0018459

DOCUMENT # N98000004073

1. Entity Name

CENTRO INTERNACIONAL DE ALABANZA NORTE, INCORPORATED



FILED

03 NOV -3 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

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

4. FEI Number 65-0849433
Applied For
Not Applicable

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

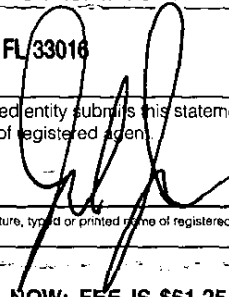
6. Name and Address of Current Registered Agent

BARRERA, HERNAN
14100 PALMETTO FRONTAGE RD
SUITE 106
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name JAIME, JULIO
Street Address (P.O. Box Number is Not Acceptable)
14100 Palmetto Frontage Rd.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 10/07/03--01037--010 **70.00

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	☒ Delete
NAME	BARRERA, HERNAN	
STREET ADDRESS	5420 SW 130 AVENUE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	DS	☒ Delete
NAME	BARRERA, MICHELLE	
STREET ADDRESS	5420 SW 130 AVENUE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	DV	☐ Delete
NAME	JAIME, JULIO	
STREET ADDRESS	2690 W 76TH ST #104	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	☐ Delete
NAME	JAIME, CLAUDIA	
STREET ADDRESS	2690 W 76TH STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	☒ Change ☐ Addition
NAME	JAIME, JULIO	
STREET ADDRESS	6930 NW 177 St. O 103	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	DS	☒ Change ☐ Addition
NAME	JAIME, CLAUDIA	
STREET ADDRESS	6930 NW 177 St. O 103	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	DV	☐ Change ☒ Addition
NAME	ABAD, JORGE G.	
STREET ADDRESS	6962 NW 179 St. Ap. 211	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	D	☐ Change ☒ Addition
NAME	ABAD, YENISER	
STREET ADDRESS	6962 NW 179 St. Ap 211	
CITY-ST-ZIP	Miami, FL 33015	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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

Date

Daytime Phone #

CR2E037 (10/02)