cacco Uniform Business Report (UBR)

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DOCUMENT # N 9800005401 1. Entity Neme					FILED			
CHRISTIAN LATIN MISSION CORP.					01 FEB 13 PM 1: 57			
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE FLORIDA			
3460 NW NORTH RIVER DRIVE 7360 Coral Way St					24	TALLAH	ASSEC FL	
MIAMI, FL 33142 Miami, Fl. 33142								
Principal Place of Business Amailing Address					2	M=0	IIR	0
Suite, Apt. #, etc. Suite, Apt. #, etc.						O NOT WRITE	THEFALE	
City & State City & State				4. FEI Number 08.65642 Applied For Not Applied For				
Zip	Country Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
RAMONA CORONADO				Street Address (P.O. Box Number is Not Acceptable)				
7360 CORAL WAY				Suesi Adultess (F.C. Oux Notice is not Acceptable)				
STE 21	FL 33155			City			FL Zip Co	de
	amed entity submits this statement for t	he purpose of changing its	egistere	ed office or registe	ed agent, or bo	oth, in the state of Florida.	FL.	
SIGNATURE CONTRA deude 3/7/01								
Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent statesture required when reinstalling) 'DATE'								
9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. 45,00 May Be Added to Faes 45,00 May Be Added to Faes								
10.	OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CI	ANGES TO OFFICERS A	ND DIRECTORS	N 10
TITLE .	P/D	☐ Delete	ITLE				☐ Change	CR2E037 (9/99)
STHEET ADDRESS	ss Antonio Santos 3460 NW North River Drive			T ADDRESS ST-ZIP			E037	
	MIAMI, FL 33142	LVer Drive	mu			<u></u>	☐ Change	Addition S
MAME STREET ADDRESS	,		NAM	E Et adioress		100003	37462	91 - + 7
CITY-ST-ZIP				-ST-ZIP		-02/2	1/01011	17003
11440-	S/D CARMEN SANTO		TITLE			****	122. 5 Linang#	***************************************
STREET ADDRESS	3460 NW North Ri	ver Drive	STRE	ET ADORESS - S1 - ZIP				
ILLTE	Miami, Fl-33142 D	☐ Delete	TITLE	1			☐ Change	Addition
STREET ADDRESS	CANDIDO HERNANDE			ET ADDRESS.				
	<u>10070 NW 36 Stre</u> Coral Springs, F		CITY-	ST-ZIP			☐ Change	Addition
NAME	corar springs, r	T 22002	NAM	ŧ			D 4-44	
STREET ADDRESS CITY-ST-ZIP				EL ADURESS -ST-ZIP				
	D	☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS	AURORA HERNANDEZ 10070 NW 36 ST	i	STRE	ET ADDRESS				KE
12. I hereby centry that the information sopplied with this filling soos conquality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information								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: Date of Desire Signature and type on Printed NAME OF SIGNATURE AND TYPED ON PRINTED NAME OF SIGNATURE OF DIRECTOR DIRE								



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 8, 2001

CHRISTIAN LATIN MISSION CORP. EXPRESS CORPORATE FILING SERVICE INC. *****WALK-IN***** MIAMI, FL 33142

SUBJECT: CHRISTIAN LATIN MISSION CORP.

Ref. Number: N98000005401

We have received your document for CHRISTIAN LATIN MISSION CORP. and check(s) totaling \$122.50. However, your check(s) and document are being returned for the following:

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2000 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application or annual report/uniform business report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year.

Therefore, the total amount due to reinstate the corporation is \$297.50. Add an additional \$8.75 for each certificate of status requested.

The total amount due to reinstate is \$297.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Kathy Ashton Document Specialist

Letter Number: 701A00007919

attin: Kathy

I never received any correspondence for the alione corporation and therfore believe it should not pay the seinsfalement fee. Your assistance is appreciated in this matter. Thank you

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314