

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002023

1. Entity Name

CENTRO CRISTIANO LUZ DEL SALVADOR, INC.

FILED
Aug 30, 2000 8:00 am
Secretary of State

08-30-2000 90004 042 ****61.25

Principal Place of Business

17470 NE 19TH AVE. N.
MIAMI BCH FL 33162

Mailing Address

17470 NE 19TH AVE. N.
MIAMI BCH FL 33162

2. Principal Place of Business

1025 NE Miami Gardens Dr.
Suite, Apt. #, etc.

3. Mailing Address

17470 NE 19th Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

North Miami Beach FL
Zip 33179 Country

City & State

North Miami Beach FL
Zip 33162 Country

4. FEI Number

65-0928964

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIQUEIN, ARMANDO
17470 NE 19TH AVE. N.
MIAMI BCH FL 33162

7. Name and Address of New Registered Agent

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

After September 13, 2000 min. will be \$236.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHIQUEIN, ARMANDO	
STREET ADDRESS	17470 NE 19TH AVE. N.	
CITY-ST-ZIP	MIAMI BCH FL 33162	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOBIANCO, CARMEN	
STREET ADDRESS	1125 NW 146TH ST.	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHIQUEIN, THAIRY	
STREET ADDRESS	17470 NE 19TH AVE. N.	
CITY-ST-ZIP	MIAMI BCH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLOMBIA MONTANO	
STREET ADDRESS	1501 NE 172 St. N. Miami B. FL. 33162	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Armando Chiquein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-19-00

Date

305-940-6606

Daytime Phone #

CR2E037 (5/00)