

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000002511**

1. Entity Name

**PARTIDO REFORMISTA SOCIAL CRISTIANO OF FLORIDA I**

Principal Place of Business

Mailing Address

**350 LINCOLN RD. SUITE 412  
MIAMI BEACH FL 33139****350 LINCOLN RD. SUITE 412  
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0964988**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LORA, JULIO C  
350 LINCOLN RD, SUITE 412  
MIAMI BEACH FL 33139**

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 12, 2001, 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 NAME	<b>PD MARTINEZ, IRIS</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>281 NW 144 ST</b>	
CITY-ST-ZIP	<b>N MIAMI FL 33168</b>	

TITLE NAME	<b>VD LORA, JULIO C</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>350 LINCOLN RD, SUITE 412</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	

TITLE NAME	<b>TD VARGAS, MOISES</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>7725 HARDING AVE #6</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	

TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>TD JUAN SAJUN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>350 LINCOLN RD #412</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	

TITLE NAME	<b>SECRETARY OSIRIS DUQUELA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>350 LINCOLN RD #412</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90242 019 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)

7/16/01 305 535 4264