

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002638

1. Entity Name

COMUNIDAD CRISTIANA INC.

Principal Place of Business

1234 WEST 31ST STREET
HIALEAH FL 33012

Mailing Address

1234 WEST 31ST STREET
HIALEAH FL 33012

(DA)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0975764 **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILLANUEVA, MILTON
1234 WEST 31ST STREET
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name **GIANNI GRACIA**

Street Address (P.O. Box Number is Not Acceptable)

13107 S. W. 3rd STREET

City **MIAMI**

FL Zip Code **33184**

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

Gianni Gracia R.

09/07/2001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	E/D	<input checked="" type="checkbox"/> Delete	TITLE	DEACONESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, PEDRO		NAME	ANA JUDITH PINEDA	
STREET ADDRESS	19561 NW 60 CT.		STREET ADDRESS	13200 S. W. 54 th COURT	
CITY-ST-ZIP	HIALEAH FL 33015		CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	E/D	<input type="checkbox"/> Delete	TITLE	DEACONESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, JAIME		NAME	MARIA ELENA QUINTERO	
STREET ADDRESS	17131 NW 44 CT.		STREET ADDRESS	15073 N. W. 19 th STREET	
CITY-ST-ZIP	CAROL CITY FL 33055		CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	E/D	<input type="checkbox"/> Delete	TITLE	ELDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEJIAS, JUAN ANTONIO		NAME		
STREET ADDRESS	19080 NW 86 AVE.		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33015		CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Delete	TITLE	ELDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONSALVE, LUIS G		NAME		
STREET ADDRESS	6745 NW 189 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33015		CITY-ST-ZIP		
TITLE	E/D	<input type="checkbox"/> Delete	TITLE	ELDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELIER, JOSE		NAME		
STREET ADDRESS	20820 NW 38 PL		STREET ADDRESS		
CITY-ST-ZIP	CAROL CITY FL 33055		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER, DEACON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEJIAS, MIRIAM I		NAME	MARIO P. VALLADARES	
STREET ADDRESS	19080 NW 86TH AVE.		STREET ADDRESS	9149 N. W. 152 nd LANE	
CITY-ST-ZIP	HIALEAH FL 33015		CITY-ST-ZIP	HIALEAH, FL 33018	

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.

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000518

CR2E037 (5/01)

SIGNATURE: *Gianni Gracia R.*

09/07/2001 305-558-0711