

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

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

TITLE E/D
NAME FERNANDEZ, PEDRO
STREET ADDRESS 19561 NW 60 CT.
CITY-ST-ZIP HIALEAH FL 33015 ☒ Delete

TITLE E/D
NAME FERNANDEZ, JAIME
STREET ADDRESS 17131 NW 44 CT.
CITY-ST-ZIP CAROL CITY FL 33055 ☐ Delete

TITLE E/D
NAME MEJIAS, JUAN ANTONIO
STREET ADDRESS 19080 NW 86 AVE.
CITY-ST-ZIP HIALEAH FL 33015 ☐ Delete

TITLE S/D
NAME MONSALVE, LUIS G
STREET ADDRESS 6745 NW 189 TERRACE
CITY-ST-ZIP HIALEAH FL 33015 ☐ Delete

TITLE E/D
NAME PELIER, JOSE
STREET ADDRESS 20820 NW 38 PL
CITY-ST-ZIP CAROL CITY FL 33055 ☐ Delete

TITLE D
NAME MEJIAS, MIRIAM I
STREET ADDRESS 19080 NW 86TH AVE.
CITY-ST-ZIP HIALEAH FL 33015 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DEACONESS
NAME ANA JUDITH PINEDA
STREET ADDRESS 13200 S.W. 54TH COURT
CITY-ST-ZIP MIRAMAR, FL. 33027 ☐ Change ☒ Addition

TITLE DEACONESS
NAME MARIA ELENA QUINTERO
STREET ADDRESS 15073 N.W. 19TH STREET
CITY-ST-ZIP MIRAMAR, FL. 33027 ☐ Change ☒ Addition

TITLE ELDER
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ELDER
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ELDER
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TREASURER, DEACON
NAME MARIO F. VALLADARES
STREET ADDRESS 7149 N.W. 152ND LANE
CITY-ST-ZIP HIALEAH, FL. 33018 ☐ Change ☒ Addition

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

Gianni Gracia

09/07/2001

305-558-0711

FILED
Sep 13, 2001 8:00 am
Secretary of State

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DO NOT WRITE IN THIS SPACE

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