

# 2002 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  
☐ 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

GRACIA, GIANNI  
13107 S. W. 3RD STREET  
MIAMI FL 33184

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)

02-04-02

DATE

FILE NOW: FEE IS \$61.25

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 D ☐ Delete  
NAME PINEDA, ANA J  
STREET ADDRESS 13200 SW 54TH COURT  
CITY-ST-ZIP MIRAMAR FL 33027

TITLE D ☐ Change ☒ Addition  
NAME MARIO F. VALLADARES  
STREET ADDRESS 9149 N.W. 152 LN.  
CITY-ST-ZIP MIAMI FL 33018

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

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

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

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

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

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

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

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

TITLE D ☐ Delete  
NAME QUINTERO, MARIA E  
STREET ADDRESS 15073 NW 19TH STREET  
CITY-ST-ZIP MIRAMAR FL 33027

TITLE ☐ Change ☐ 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:

*Rev. Signature Required*

02-04-02

305-558-0711

CP2E037 (9/01)