2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900002638

1. Entity Name

COMUNIDAD DE CRISTO INC.



FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90192 003 ****70.00

					(T.S)				
Principal Place 1234 WEST 31ST HIALEAH FL 330	t street	1234 WEST	Mailing Address 1234 WEST 31ST STREET HIALEAH FL 33012			1 12011110 - 010 1012	1 (8 2) (88 113 80 11) 88 111	, 2011 4014 11512 S1165 1	1161 f 0 11 ;8 61
2. Principal Pla	ace of Business	3. Mailing A	3. Mailing Address						
Suite, Apt. #	#, etc.	Suite, A	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & S	City & State			4. FEI Number APPLIED FOR Applied For Not Applicable			
Zip Country		Zip	Zip Cour			5. Certificate of State		\$8.75 Ad	ditional
	6. Name and Address of Curre	nt Registered Ag	lent	- 1	್ಯಾಕ್ ಆತ್ರ	7. Name and Addre	ss of New Regis		
				Name	-		<u>-</u>		
GRACIA, GIANNI 13107 S. W. 3RD STREET MIAMI FL 33184				Street Address (P.O. Box Number is Not Acceptable)					
impani i E c				City				FL Zip Cod	e
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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
F	aign Financing ntribution.		\$5.00 May Be Added to Fees		Check Payable Department of S				
10.	OFFICERS AND	DIRECTORS		11.		DDITIONS/CHANGES	S TO OFFICERS A	AND DIRECTORS IN	1 10
NAME STREET ADDRESS	D Pineda, ana J 13200 SW 54TH Court Miramar FL 33027		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
NAME STREET ADDRESS	E/D: FERNANDEZ, JAIME 17131 NW 44 CT. CAROL CITY FL:33055		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP-ST				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	E MEJIAS, JUAN ANTONIO 19080 NW 86 AVE. HIALEAH FL 33015		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE NAME STREET ADDRESS	E MONSALVE, LUIS G 6745 NW 189 TERRACE HIALEAH FL 33015		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			, ,	Change	☐ Addition
VAME STREET ADDRESS	E PELIER, JOSE 20820 NW 38 PL CAROL CITY FL 33055	741	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	491	ter Portile SW 1418 ami, FL	Place	☐ Change	⊠ Addition
ITLE IAME TREET ADDRESS	D Quintero, Maria e 15073 NW 19TH Street Miramar Fl 33027	1.41	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deal Cla	coness udia Casi 250 SW	Lillous Ln.	Change , Apt. G	Addition

2. I hereby certify that the information supplied with this filling 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.

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apri / 9, 2003 (305) 558-07/1