

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/3

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90146 002 \*\*\*\*70.00

**DOCUMENT # N99000007103**

1. Entity Name

**UNIDAD CIVICA PERUANA, INC.**

Principal Place of Business

Mailing Address

8347 S.W. 40TH STREET  
 MIAMI FL 33155

8347 S.W. 40TH STREET  
 MIAMI FL 33155

2. Principal Place of Business

**P.O. Box 66-8257**

3. Mailing Address

**P.O. Box 66-8257**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

**33166**

Country

Zip

**33166**

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MASSA, SERGIO**  
**8347 S.W. 40TH STREET**  
**MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

**LUIS MORALES**

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

**251 N 65 WAY**

City

**HOLLYWOOD**

**FL**

Zip Code

**33024**

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]*  
**LUIS MORALES - PRESIDENT**

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/24/01**

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

|                |                       |                                            |
|----------------|-----------------------|--------------------------------------------|
| TITLE          | PD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | MASSA, SERGIO         |                                            |
| STREET ADDRESS | 8347 S.W. 40TH STREET |                                            |
| CITY-ST-ZIP    | MIAMI FL 33155        |                                            |
| TITLE          | VSD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | MORALES, LUIS         |                                            |
| STREET ADDRESS | 8347 S.W. 40TH STREET |                                            |
| CITY-ST-ZIP    | MIAMI FL 33155        |                                            |
| TITLE          | TD                    | <input type="checkbox"/> Delete            |
| NAME           | ZOILA, QUINONEZ       |                                            |
| STREET ADDRESS | 5811 W. 21 CT.        |                                            |
| CITY-ST-ZIP    | HIALEAH FL 33016      |                                            |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |                                            |
| STREET ADDRESS |                       |                                            |
| CITY-ST-ZIP    |                       |                                            |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |                                            |
| STREET ADDRESS |                       |                                            |
| CITY-ST-ZIP    |                       |                                            |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |                                            |
| STREET ADDRESS |                       |                                            |
| CITY-ST-ZIP    |                       |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |                                                                              |
|----------------|---------------------|------------------------------------------------------------------------------|
| TITLE          | PRESIDENT           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MORALES, LUIS       |                                                                              |
| STREET ADDRESS | 251 N 65 WAY        |                                                                              |
| CITY-ST-ZIP    | HOLLYWOOD, FL 33024 |                                                                              |
| TITLE          | SECRETARY           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | CADENAS, JOSE       |                                                                              |
| STREET ADDRESS | 4625 S.W. 112 PL    |                                                                              |
| CITY-ST-ZIP    | MIAMI, FL 33165     |                                                                              |
| TITLE          | TD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | QUINONEZ, ZOILA     |                                                                              |
| STREET ADDRESS | 5791 W 21 CT.       |                                                                              |
| CITY-ST-ZIP    | HIALEAH, FL 33016   |                                                                              |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY-ST-ZIP    |                     |                                                                              |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY-ST-ZIP    |                     |                                                                              |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]* **LUIS MORALES PRESIDENT**

**4/24/01**

**305-716-8770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)