

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90187 010 \*\*\*150.00

**DOCUMENT # P02000049989**

1. Entity Name  
**FUNDACION CRISTIANA DE AYUDA COMUNITARIA MISIONE  
RA INTERNACIONAL, INC.**



Principal Place of Business  
**2045 N W 120TH STREET  
MIAMI FL 33167**

Mailing Address  
**2045 N W 120TH STREET  
MIAMI FL 33167**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**02-0595797**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**REYES, FRANCISCO  
2045 N W 120TH STREET  
MIAMI FL 33167**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X Francisco Reyes**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **REYES, FRANCISCO**  
STREET ADDRESS **2045 N W 120TH STREET**  
CITY-ST-ZIP **MIAMI FL 33167**

TITLE **Formin H020002** ☐ Change ☒ Addition  
NAME **VP 3532 NW 6ST**  
STREET ADDRESS **MIAMI, FL. 33125**  
CITY-ST-ZIP

TITLE **V** ☒ Delete  
NAME **CANO, JOSE**  
STREET ADDRESS **2045 N W 120TH STREET**  
CITY-ST-ZIP **MIAMI FL 33167**

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

TITLE **V** ☒ Delete  
NAME **ORTEGA, JAVIER A**  
STREET ADDRESS **2075 S W 122ND AVE., #203**  
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE **V** ☒ Delete  
NAME **ENAMORADO, DOMINGO**  
STREET ADDRESS **1212 DUNAD AVENUE**  
CITY-ST-ZIP **OPA LOCKA FL 33054**

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

TITLE **V** ☒ Delete  
NAME **ORDONEZ, MARIA D**  
STREET ADDRESS **1212 DUNAD AVENUE**  
CITY-ST-ZIP **OPA LOCKA FL 33054**

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

TITLE **V** ☒ Delete  
NAME **CABRERA, NUBIA**  
STREET ADDRESS **2045 N W 120TH STREET**  
CITY-ST-ZIP **MIAMI FL 33167**

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 607, 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: **X Francisco Reyes** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)