

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90044 034 \*\*\*\*61.25

**DOCUMENT # P36997**

1. Entity Name

**TALLER DE ORACION Y VIDA, INC.**

Principal Place of Business

11780 SW 18 STREET  
 APT 230  
 MIAMI FL 33175  
 US

Mailing Address

11780 SW 18 STREET  
 APT 230  
 MIAMI FL 33175  
 US

2. Principal Place of Business

**9344 Woodbreeze Blvd.**

Suite, Apt. #, etc.

**Windermere,**

City & State

**FLORIDA**

Zip

**34786**

Country

**USA**

3. Mailing Address

**9344 Woodbreeze Blvd.**

Suite, Apt. #, etc.

**Windermere**

City & State

**FLORIDA**

Zip

**34786**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0314689**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**VILLAVICENCIO, RITA**  
**11780 SW 18 STREET**  
**APT 230**  
**MIAMI FL 33175**

7. Name and Address of New Registered Agent

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)

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 **DCV** ☒ Delete  
 NAME **LUQUIN, CAMILO**  
 STREET ADDRESS **CASILLA II, LO BARNECHEA**  
 CITY-ST-ZIP **SANTIAGO, CHILE**

TITLE **DP** ☒ Delete  
 NAME **ROJAS, MARIA INES**  
 STREET ADDRESS **CALLE EL RODEO 13555**  
 CITY-ST-ZIP **SANTIAGO, CHILE**

TITLE **DT** ☒ Delete  
 NAME **VILLAVICENCIO, RITA**  
 STREET ADDRESS **11780 SW 18 ST #230**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **DS** ☒ Delete  
 NAME **CONDE, MAGALY**  
 STREET ADDRESS **8881 B FOUNTAINBLEAU BLVD, #405**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **International Coordinator** ☒ Change ☐ Addition  
 NAME **Margarita Cano**  
 STREET ADDRESS **Calle 30 #79 - Colonia Campestre**  
 CITY-ST-ZIP **97120 Mérida, Yucatán, Mexico**

TITLE **International Treasurer** ☒ Change ☐ Addition  
 NAME **Yolanda Salinas**  
 STREET ADDRESS **471 N. 40th - McAllen, TX**  
 CITY-ST-ZIP **78501**

TITLE **Zone Coordinator** ☒ Change ☐ Addition  
 NAME **Ruby Garcia**  
 STREET ADDRESS **16460 Timberlake Dr #204**  
 CITY-ST-ZIP **Ft. Myers, FL 33908**

TITLE **Zone Treasurer** ☒ Change ☐ Addition  
 NAME **Nudia Gomez**  
 STREET ADDRESS **9344 Windermere Blvd, FL**  
 CITY-ST-ZIP **34786**

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

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:

**Ruby Garcia**

**5/1/01**

**941-454-5006**

CR2E037 (10/00)