Apr 02 02 06:09p

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90093 049 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057449

1. Entity Name
LIBRERIA CRISTIANA MUNDIAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2100 W. 76TH STREET		2100 W 76TH STREET	
Suite, Apt. #, etc. # 411		Suite, Apt. #, etc. # 411	
City & State HIALEAH FL 33016		City & State HIALEAH FL 33016	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0935130 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name COELLO, ARTHUR

Street Address (P.O. Box Number is Not Acceptable) 2100 W. 76TH STREET

City HIALEAH FL Zip Code 33016

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	COELLO, ARTHUR
STREET ADDRESS	13965 LAKE GEORGE CT.
CITY-ST-ZIP	MIAMI LAKE FL 33014
TITLE	VP
NAME	GALAN, CARLOS
STREET ADDRESS	7618 MIRAMAR PARKWAY
CITY-ST-ZIP	MIRAMAR FL 33023
TITLE	S
NAME	LOPEZ, LUIS
STREET ADDRESS	13651 SW 20TH ST.
CITY-ST-ZIP	MIRAMAR FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/25/02 305-558-5676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #