

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

FILED
May 30, 2002 8:00 am
Secretary of State

04-17-2002 90115 049 ****61.25

DOCUMENT # **719629**

1. Entity Name **GENEZARET PENTECOSTAL CHURCH AND REFUGEE CEN**
Ruben Dario Vazquez Agent
2120 S.W. 24 St. Miami Fla 33145

DO NOT WRITE IN THIS SPACE

52625

2. Principal Place of Business **1712 W. Flagler St** 3. Mailing Address **MIAMI FLORIDA 33135**

Suite, Apt. #, etc. **MIAMI FLORIDA**

DO NOT WRITE IN THIS SPACE

City & State **MIAMI FLORIDA**

4. FEI Number **65-0202055** Applied For Not Applicable

Zip **33135** Country **FL**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **Florida** FL Zip Code **33135**

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 *Pedro Vazquez* **5-1-2002** DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	pedro vazquez 2378 S.W. 18 St. Miami- Florida 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	claudio cayuqueo 880 S.W. 18 Ave Miami- Florida 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	De La Cruz Luz 2870 N.W. 18 Ave. Miami Florida 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ruben D. vazquez 2469 S.W. 23 Terr. Miami Florida 33145.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Monica Linares 820 S.W. 18 Ave Miami- Florida 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Pedro Vazquez* **5-1-2002** Date Daytime Phone #