

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90200 016 \*\*\*\*61.25

**DOCUMENT # 719629**



1. Entity Name  
**GENEZARET PENTECOSTAL CHURCH AND REFUGEE CENTER, INC.**

Principal Place of Business

**1712 W. FLAGLER ST  
MIAMI FL 33135  
US**

Mailing Address

**1712 W. FLAGLER ST  
MIAMI FL 33135  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0202055**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**VASQUEZ, RUBEN  
1718 W. FLAGLER ST.  
MIAMI FL 33135**

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

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  Delete  
NAME **D VASQUEZ, PEDRO**  
STREET ADDRESS **2378 SW 18 ST.**  
CITY-ST-ZIP **MIAMI FL 33145**

TITLE  Delete  
NAME **D DE LA CRUZ, LUZ**  
STREET ADDRESS **2870 NW 18TH AVE.**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE  Delete  
NAME **D VASQUEZ, GRACELEANO**  
STREET ADDRESS **1645 SW 9TH ST.**  
CITY-ST-ZIP **MIAMI FL 33135**

TITLE  Delete  
NAME **D VASQUEZ, RUBEN**  
STREET ADDRESS **2400 SW 53RD TERR.**  
CITY-ST-ZIP **MIAMI FL 33145**

TITLE  Delete  
NAME **D LINARES, MONICA**  
STREET ADDRESS **820 SW 18 AVE**  
CITY-ST-ZIP **MIAMI FL 33135**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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:

*PEDRO VASQUEZ*  
**Pedro Vasquez** Date **2.10.2003** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)