## 2003 UNIFORM BUSINESS REPORT (UBR)

## May 13, 2003 8:00 am <sup>§</sup> Secretary of State **DOCUMENT # 733308** 1. Entity Name IGLESIA EVANGELICA JESUS LA LUZ DE MUNDO INC. 05-13-2003 90052 020 \*\*\*\*61.25 Principal Place of Business Mailing Address 5841 LEE ST.. 5841 LEE ST. HOLLYWOOD FL 33021-3840 HOLLYWOOD FL 33021-3840 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0200942 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BURRION, OTTNIEL 5841 LEE STREET HOLLYWOOD FL 33021 City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete Addition TITLE ☐ Change BURRION, FELIX NAME NAME STREET ADDRESS 5841 LEE ST. STREET ADDRESS DITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Accition LISCANO, JUAN P. HAME NAME STREET ADDRESS 5841 LEE ST. STREET ADDRESS DITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP [ Add:tion TITLE ☐ Delete ☐ Change TITLE NEHEMIAS, BORRION IAME NAME 5841 LEE,ST. \_.. STREET ADDRESS STREET ADDRESS DITY-ST-ZIP HOLLYWOOD FL 33021 CDY-ST-7IP TITLE Defete TITLE ☐ Change Auditon AME 5841 Lee 51 TREET ADDRESS STREET ADDRESS F( 33021 ITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete ☐ Change Accine TIME NAME TREET ADDRESS STREET ADDRESS 11Y-ST-21P CITY-ST-ZIP Delete JUE TITLE Change 🗀 Austria AME NAME

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 of trustee empowered texaccute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with efficiency like empowered.

STREET ADDRESS CITY-ST-2IP

SIGNATURE

TREET ADDRESS

05-07-03 954) 981-8404