


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

FILED
May 14, 2003 8:00 am
Secretary of State

04-25-2003 90315 010 ****61.25

DOCUMENT # N02000001593

1. Entity Name
LA TRIBU DE LOS SIERVOS DE JESUCRISTO, CORP.



Principal Place of Business
**8630 N.W. 47TH STREET
LAUDERHILL, FL 33351**

Mailing Address
**8630 N.W. 47TH STREET
LAUDERHILL, FL 33351**

55040609



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country Zip Country

4. FEI Number Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**CHACOA, EMILIO
8630 N.W. 47TH STREET
LAUDERHILL, FL 33351**

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 _____ (NOTE: Registered Agent signature required when rechartering) 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	P	<input type="checkbox"/> Delete
NAME	CHACOA, EMILIO	
STREET ADDRESS	8630 N.W. 47TH STREET	
CITY-ST-ZIP	LAUDERHILL, FL 33351	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHACOA, ASIA	
STREET ADDRESS	7925 COLONY CIRUS SOUTH, BD 15 APT 105	
CITY-ST-ZIP	LAUDERHILL, FL 33321	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ABDALLA, ROCIO	
STREET ADDRESS	10022 WINDING LAKE ROAD SPT 203	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	MARIA MONTENEGRO	
STREET ADDRESS	4341 N.W. 109TH AVE	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR - SECRETARY	
STREET ADDRESS	DANIELLA CHACOA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	8630 N.W. 47TH ST SUNRISE, FL 33351 - D	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADRIANA DIEGUEZ	
STREET ADDRESS	12420 S.W. 29 ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE RECOGNIZED** **4/05/03 (954) 8931205**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)