

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90063 001 ****61.25

DOCUMENT # N33607

1. Entity Name

IGLESIA CASA DE REFUGIO, INC.

Principal Place of Business

**27859 S DIXIE HWY
NARANJA FL 33032
US**

Mailing Address

**P.O. BOX 1384
HOMESTEAD FL 33090
US**

2. Principal Place of Business

216 Washington AVE

3. Mailing Address

P.O. Box 1384

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Homestead Florida

City & State

Homestead Fla

Zip

33033

Country

Dade

Zip

33090

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0138396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DOMINGUEZ, MANUEL JOSE
15815 S.W. 304 TERR.
LEISURE CITY FL 33033**

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, MANUEL JOSE	
STREET ADDRESS	15815 SW 304 TER	
CITY-ST-ZIP	LEISURE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, GLADIS	
STREET ADDRESS	15220 SW 304 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORRES, CARMEN L	
STREET ADDRESS	12334 SW 252 TERRACE	
CITY-ST-ZIP	LEISURE CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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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:

Pastor and President Manuel Dominguez 1-14-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)