

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 09, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N45246****1. Entity Name**  
IGLESIA CRISTIANA LEON DE JUDA, INC.**Principal Place of Business**  
7640 SOUTHWEST 134TH AVENUE  
MIAMI FL 33183**Mailing Address**  
7640 SOUTHWEST 134TH AVENUE  
MIAMI FL 33183**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**  
**65-0280157****Applied For**  
**Not Applicable****5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****JIMENEZ RAUL**  
7640 SOUTHWEST 134TH AVENUE  
MIAMI FL 33183

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** **04/09/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TRD	BALVI YOLANDA	4848 S.W. 7 STREET #103	MIAMI FL 33126	<input type="checkbox"/>
VD	JIMENEZ MARGARITA	7640 S.W. 134TH AVENUE	MIAMI FL	<input type="checkbox"/>
PD	JIMENEZ RAUL	7640 S.W. 134TH AVENUE	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

margarita jimenez

vd

04/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)