

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **194000000977**

1. Entity Name **IGLESIA EVANGELICA JESUCRISTO
REFUGIO ETERNO**

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90145 011 ****61.25

Principal Place of Business Mailing Address

**550 S.W. 115 AVE A7
MIAMI FL. 33174**

A0057477

2. Principal Place of Business

550 S.W. 115 AVE

3. Mailing Address

550 S.W. 115 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A7

A7

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0471868

Applied For

Not Applicable

Zip

Country

33174

USA

Zip

Country

33174

USA

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

**VICTOR H. SEGQUIA
550 S.W. 115 AVE. A7
MIAMI FL. 33174**

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

Victor H. Segoria

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

(NOTE: Registered Agent signature required when reinstating)

04.24-00

DATE

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	3 P.	<input type="checkbox"/> Delete
NAME	VICTOR H. SEGQUIA	
STREET ADDRESS	550 S.W. 115 AVE A7	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MARIA C. SEGQUIA	
STREET ADDRESS	550 S.W. 115 AVE A7	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LORNA ALMEJAREZ	
STREET ADDRESS	3430 E. 4 AVE #209	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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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:

Victor H. Segoria

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)