2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N9500001769** May 23, 2000 8:00 am 1. Entity Name Secretary of State IGLESIA NOROESTE DE BROWARD - PROYECTO DE EDUCAC 05-23-2000 90089 001 ****61.25 05-23-2000 90089 002 *****8.75 Mailing Address Principal Place of Business 05-23-2000 90089 003 *****8.75 1420 INDIAN TRACE 1420 INDIAN TRACE WESTON FL 33326-2771 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address SAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State 4. FEI Number Applied For 65-0590484 ESTON Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ASTILLO OSE ress (P.O. Box Number is Not Acceptable) CASTILLO, JOSE D 16207 SADDLE CLUB ROAD #203 WESTON:FL 33326 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 4 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. JOSÉ CASTILLO (D) ☐ Addition TITI F ☐ Delete NAME NAME CASTILLO, JOSE D 16207 SADOLE CLUB STREET ADDRESS STREET ADDRESS 16207 SADDLE CLUB RD., #203 WESTON, FI 33326 CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 VIERA, EUNISE (D) 21361 N.W. 39TH AVE ☐ Change ☐ Addition ☐ Delete TITLE NAME PAZMINO, EUNISE NAME STREET ADDRESS STREET ADDRESS 21361 NW 39TH AVE. MIAMI, FI 33055 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33055 TITLE ☐ Delete TITLE SALCEDO, EVARISTO (5) ☐ Addition NAME -SALCEDO, EVARISTO NAME 613 S.W. 76ST STREET ADDRESS STREET ADDRESS 613 S.W. 76 ST N. LAUDERDALE, FI 33368 CITY-ST-ZIP CITY-ST-ZIP NORTH LAUDERDALE FL 33368 PHROVIMPHA, MARCELLA (T) ☐ Delete ☐ Addition TIT! F NAME NAME PHROVIMPHA, MARCELLA 13731 NEW YOM MANNON STREET ADDRESS STREET ADDRESS 13731 NEW YORK MANOR DAVIE, F1 33325 CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33325 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.