

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

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90110 037 ****61.25

DOCUMENT # N97000002126

1. Entity Name
CENTRO BIBLICO CRISTIANO, INC.



Principal Place of Business

**12260 SW 8 STREET
#132
MIAMI FL 33184**

Mailing Address

**10962 SW 3 STREET
#F2
MIAMI FL 33174**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0820481**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONTERROSA, EDUARDO
10962 SW 3 ST. #F-2
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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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
PD	MONTERROSA, EDUARDO	10962 SW 3 ST. #F-2	MIAMI FL 33174	<input type="checkbox"/>
VPSD	MONTERROSA, ALEXY	10962 SW 3 ST. #F-2	MIAMI FL 33174	<input type="checkbox"/>
D	CAIFFA, ROBRETO	4301 NW 8TH ST TERRACE	MIAMI FL 33126	<input type="checkbox"/>
TD	REYES, MARINA	11202 N.W. 4TH ST	MIAMI FL 33172	<input type="checkbox"/>
D	DE POSADA, MARIBEL D	13787 SW 66 STREET #D154	MIAMI FL 33183	<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)(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 REQUIRED

02-03-03

CR2E037 (10/02)