

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90010 016 ****70.00

C0005235



DO NOT WRITE IN THIS SPACE

DOCUMENT # P09076

1. Entity Name
COMUNITY CHURCH "SONS OF LA CARIDAD DEL COBRE" C

#61.25
8.75
70.00

Principal Place of Business: **778 APPALOOSA MONTURA-CLEWISTON FL 33440 US**
 Mailing Address: **P.O. BOX 367 LABELLE FL 33975-0367 US**

2. Principal Place of Business: **778 APPALOOSA**
 Suite, Apt. #, etc.
 City & State: **MONTURA - CLEWISTON**
 Zip: **33440** Country: **USA**

3. Mailing Address: **PO BOX 367**
 Suite, Apt. #, etc.
 City & State: **LABELLE FL 33975**
 Zip: Country:

4. FEI Number: **11-2731213**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GARCIA, ELVIRA
10948 NW 26TH ST.
SUNRISE
FT. LAUDERDALE FL

7. Name and Address of New Registered Agent
 Name: **ALEXANDRA MONTIEL**
 Street Address (P.O. Box Number Not Acceptable): **SAME P.O. BOX 367**
 City: **LABELLE** State: **FL** Zip Code: **33975**

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: *Alexandra Montiel* DATE: **1/8/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

FILE NOW: FEE IS \$61.25 **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MONTIEL, ALEXANDRA	
STREET ADDRESS	778 APALOOSA AVENUE	
CITY-ST-ZIP	MONTURA, CLEWISTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIEPPA, RAFAEL JR	
STREET ADDRESS	7400 3RD AVE	
CITY-ST-ZIP	NORTH BERGEN NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELUIRA, GARCIA	
STREET ADDRESS	10948 NW 26TH ST	
CITY-ST-ZIP	SUNRISE, FT LAUDERDALE FL	
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
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
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: *Alexandra Montiel* DATE: **1/8/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)