

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90052 028 \*\*\*\*70.00

0071283

**DOCUMENT # P09076**

1. Entity Name

**COMUNITY CHURCH "SONS OF LA CARIDAD DEL COBRE" C**

Principal Place of Business

Mailing Address

778 APPALOOSA  
 MONTURA-CLEWISTON FL 33440  
 US

P.O. BOX 367  
 LABELLE FL 33975  
 US

00003323



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**778 APPALOOSA**

**PO Box 367**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**MONTURA CLEWISTON**

**LABELLE FL**

City & State

City & State

**FL**

4. FEI Number

**11-2731213**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional Fee Required

Zip  
**33440**

Country  
**HENDRY**

Zip  
**33975**

Country  
**HENDRY**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONTIEL, ALEXANDRA**  
**10948 NW 26TH ST.**  
**PO BOX 367**  
**LA BELLE FL 33975**

**(SAME)**

Name  
**ELUIRA GARCIA**

Street Address (P.O. Box Number is Not Acceptable)

**10948 NW 26 ST**

City  
**SUNRISE**

**FT LAUDERDALE**

**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

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>MONTIEL, ALEXANDRA</b>        |                                 |
| STREET ADDRESS | <b>778 APALOOSA AVENUE</b>       |                                 |
| CITY-ST-ZIP    | <b>MONTURA, CLEWISTON FL</b>     |                                 |
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>DIEPPA, RAFAEL JR</b>         |                                 |
| STREET ADDRESS | <b>7400 3RD AVE</b>              |                                 |
| CITY-ST-ZIP    | <b>NORTH BERGEN NJ</b>           |                                 |
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>ELUIRA, GARCIA</b>            |                                 |
| STREET ADDRESS | <b>10948 NW 26TH ST</b>          |                                 |
| CITY-ST-ZIP    | <b>SUNRISE, FT LAUDERDALE FL</b> |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| 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 |
| 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)(l), 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]*

Date: **1/19/01** Daytime Phone #

CR2E037 (10/00)