

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000513

1. Entity Name

IGLESIA ALIANZA CRISTIANA Y MISIONERA, INC.

Principal Place of Business

6141 PEMBROKE RD
HOLLYWOOD FL 33021

Mailing Address

6141 PEMBROKE RD
HOLLYWOOD FL 33023
US

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

65-0397541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, DAVID
126 N.W. 152 AVE
PEMBROKE PINES FL 33028

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

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 PD ☐ Delete
NAME GARCIA, DAVID
STREET ADDRESS 126 N.W. 152ND AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME LAMAR, SYLVIA
STREET ADDRESS 1021 MOCKINGBIRD LN #101
CITY-ST-ZIP PLANTATION FL 33324

TITLE SD ☒ Change ☐ Addition
NAME JESSENIA SERRA
STREET ADDRESS 1400 NW 108th Ave #274
CITY-ST-ZIP Plantation FL 33322

TITLE TD ☐ Delete
NAME TRIBIN, LUIS A
STREET ADDRESS 12659 NW 13TH STREET
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/2001 954-450-2616

Date

Daytime Phone #

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90120 048 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)