

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90054 011 \*\*\*\*61.25

**DOCUMENT # N01000003124**

1. Entity Name

**CALVERY CHAPEL OF KENDALL, INC.**  
*→ This is misspelled - "Calvary"*

Principal Place of Business

Mailing Address

6700 SW 38TH STREET  
 MIAMI FL 33155

6700 SW 38TH STREET  
 MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

12350 SW 132 court

PO Box 160088

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33186

USA

33116-0088

USA

4. FEI Number

65-1099676

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, PEDRO P

6700 SW 38TH STREET  
 MIAMI FL 33155

Name **Pedro Garcia**

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

12350 SW 132 court #201

City **Miami**

FL

Zip Code **33186**

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

2-11-02

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                  | <input type="checkbox"/> Delete |
| NAME           | CARCIA, PEDRO P     |                                 |
| STREET ADDRESS | 6700 SW 38TH STREET |                                 |
| CITY-ST-ZIP    | MIAMI FL 33155      |                                 |
| TITLE          | VTD                 | <input type="checkbox"/> Delete |
| NAME           | FRANQUIZ, ROBERT    |                                 |
| STREET ADDRESS | 6700 SW 38TH STREET |                                 |
| CITY-ST-ZIP    | MIAMI FL 33155      |                                 |
| TITLE          | SD                  | <input type="checkbox"/> Delete |
| NAME           | CLAUNCH, SCOTT      |                                 |
| STREET ADDRESS | 6700 SW 38TH STREET |                                 |
| CITY-ST-ZIP    | MIAMI FL 33155      |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | VAZQUEZ, RAZZ       |                                 |
| STREET ADDRESS | 6700 SW 38TH STREET |                                 |
| CITY-ST-ZIP    | MIAMI FL 33155      |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          |                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Pedro Garcia with a "G" not "C" |  |
| 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:

2-11-02 786-242-3441

CR2E037 (9/01)