

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 30, 2002 8:00 am**  
**Secretary of State**

06-30-2002 90228 038 \*\*\*\*61.25

0017312

**DOCUMENT # N95000003700**

1. Entity Name

**IGLESIA CRISTO OMNIPOTENTE A.G. CORP.**

Principal Place of Business

Mailing Address

**1025 N.E. MIAMI GARDEN DR.  
 NORTH MIAMI FL 33162**

**6770 EVANS STREET  
 HOLLYWOOD FL 33024**

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

**65-0602498**

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

**CABALLERO, VICTOR  
 6770 EVANS STREET  
 HOLLYWOOD FL 33024**

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

*Victor Caballero*

*6/18/02*

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 CABALLERO, VICTOR  
 6770 EVANS STREET  
 HOLLYWOOD FL 33024** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DV  
 NDRSON, CARLOS  
 12841 COUNTRY CLUB LANE  
 MIAMI FL 33167** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Vice-President  
 Sanchez, Fernando  
 2775 Taft St. #308  
 Hollywood, FL 33020** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD  
 RODRIGUEZ, ANDREA  
 7625 ALHAMBRA BLVD.  
 MIRAMAR FL 33023** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD  
 BRAGI, PHILIP  
 2547 NE 182 STREET  
 N. MIAMI FL 33160** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD  
 Carmen Bryant  
 14637 NE 14 Ave.  
 N. miami, FL 33161** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 CONSTANZO, GLORIDA  
 1700 NE 133 STREET #L16  
 N. MIAMI BEACH FL 33181** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 Bragi, Philip  
 2547 NE 182 St.  
 N. miami, FL 33160** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 ROLON, LAURA  
 350 NE 141 STREET #319  
 N. MIAMI FL 33161** ☐ Delete

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

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:

*Victor Caballero* *6/18/02* *254-961-6170*

CR2E037 (9/01)