

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90021 010 ****70.00

DOCUMENT # 713885

1. Entity Name

IGLESIA EVANGELICA INTERNACIONAL SOLDADOS DE LA CRUZ DE CRISTO, INC.

Principal Place of Business

626 NW 2ND STREET
 MIAMI FL 33128

Mailing Address

626 NW 2ND STREET
 MIAMI FL 33128

2. Principal Place of Business

3. Mailing Address

641 W. Flagler St.
 Suite, Apt. #, etc.
 MIAMI Florida

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

33130

Country

U.S.A.

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

WINGFIELD, MGDIEL
 655 SW 1ST STREET
 MIAMI FL 33130

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
 NAME CRUZ, FULGENCIO L
 STREET ADDRESS 655 SW 1ST STREET
 CITY-ST-ZIP MIAMI FL 33120 ☐ Delete

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

TITLE VD
 NAME MORDEJAR, JOEL
 STREET ADDRESS 655 SW 1ST STREET
 CITY-ST-ZIP MIAMI FL 33128 ☐ Delete

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

TITLE VS
 NAME FERNANDEZ, EUGENIA
 STREET ADDRESS 636 NW 2ND STREET
 CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE S
 NAME PAULINO, EVELYN
 STREET ADDRESS 655 SW 1ST STREET
 CITY-ST-ZIP MIAMI FL 33130 ☐ Delete

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

TITLE TD
 NAME GARCIA, CECILIO
 STREET ADDRESS 655 SW 1ST STREET
 CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)