

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 23, 2002 8:00 am**  
**Secretary of State**

09-23-2002 90046 005 \*\*\*245.00

**DOCUMENT # 714378**

1. Entity Name

**MISSIONARY CHRISTIAN CHURCH, INC.**

Principal Place of Business

695 CALIPH ST  
 17920 NW 22ND COURT  
 OPA-LOCKA FL 33054  
 US

Mailing Address

15330 NW 28TH CT  
 REV. ISRAEL SANTIGO  
 OPA-LOCKA FL 33054  
 US

2. Principal Place of Business

695 Caliph St  
 Suite, Apt. #, etc.

3. Mailing Address

15330 NW 28 CT  
 Suite, Apt. #, etc.

City & State

OPA-LOCKA, FL

City & State

OPA-LOCKA, FL

Zip 33054 Country 1

Zip 33054 Country

4. FEI Number

59-2788475

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SANTIAGO, ISRAEL  
 15330 NW 28TH CT  
 OPA-LOCKA FL 33054

7. Name and Address of New Registered Agent

Name

SANTOS ORTEGA

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

15330 N.W. 28 COURT

City

OPA-LOCKA

FL

Zip Code

33054

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Santos Ortega* SANTOS ORTEGA PRESIDENT, 9/10/02  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002,  
 min. will be \$236.25.

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 checked="" type="checkbox"/> Delete
NAME	SANTIAGO, ISRAEL	
STREET ADDRESS	3510 GEORGIA AVE WEST	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ORTEGA, SANTOS	
STREET ADDRESS	15330 N.W. 28TH COURT	
CITY-ST-ZIP	OPA-LOCKA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COLLAZO, MANUEL	
STREET ADDRESS	6781 CODY ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTEGA, ANGELICA	
STREET ADDRESS	15330 NW 28 CT	
CITY-ST-ZIP	OPA LICKA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAEZ, JOSEFA	
STREET ADDRESS	140 N 72 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTEGA, SANTOS	
STREET ADDRESS	15330 N.W. 28 COURT	
CITY-ST-ZIP	OPA-LOCKA, FL 33054	
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)(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:

*Santos Ortega* SANTOS ORTEGA 9/10/02 305.685.5765

CR2E037 (4/02)