

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750979

1. Entity Name

CRISTO SALVADOR PRESBYTERIAN CHURCH INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90916 045 ****61.25

Principal Place of Business

Mailing Address

6970 SW 56TH ST
MIAMI FL 33155
US

6790 SW 56TH ST
MIAMI FL 33155-5722
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

59-2637637

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

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 ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
CP
GALINDO, ROGER
5625 SW 152ND CT
MIAMI FL 33193

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LOPEZ, VIOLETA
8050 N.W. 7TH ST., APT.-110
MIAMI FL 33193

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
S
CASASUS, OSIGELIA
6571 S W 29TH ST
MIAMI FL 33155

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
QUINTANILLA, ZONIA
8005 LAKE DR #408
MIAMI FL 33166

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CARMONA, JORGE
8735 SW 52ND STREET
MIAMI FL 33185

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
V
ESPINOSA, LAZARO
14848 SW 71ST AVE
MIAMI, FL 00000 33193

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (305) 266-7284
Date Daytime Phone #

CR2E037 (9/99)