

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90044 016 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 768011
1. Entity Name
 IGLESIA DE CRISTO EN FLAGLER, INC. ✓

Principal Place of Business **Mailing Address**
 3665 W FLAGLER ST. 3665 W FLAGLER ST.
 MIAMI, FL. 33135 MIAMI, FL. 33135

2. Principal Place of Business **3. Mailing Address**
 2129 WEST FLAGLER ST. 2129 WEST FLAGLER ST.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 MIAMI, FL. MIAMI, FL.
Zip **Country** **Zip** **Country**
 33135 U.S.A. 33135 U.S.A.

4. FEI Number **Applied For**
 31-1656923 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 RAFAEL SEQUEIRA
 8087 NW 8 ST. # 7
 MIAMI, FL. 33126

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 *Rafael Sequeira* **RAFAEL SEQUEIRA - REGISTERED AGENT** **1/10/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution. **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE P.D.	NAME RAFAEL SEQUEIRA	<input type="checkbox"/> Delete
STREET ADDRESS	8087 NW 8 ST. # 7	
CITY-ST-ZIP	MIAMI, FL. 33126	
TITLE T.D.	NAME DAMIAN BETANCOURT	<input type="checkbox"/> Delete
STREET ADDRESS	685 WEST 80 ST.	
CITY-ST-ZIP	HIALEAH, FL. 33014	
TITLE S.D.	NAME ROLANDO A. HERRERA	<input type="checkbox"/> Delete
STREET ADDRESS	2511 SW 10 ST.	
CITY-ST-ZIP	MIAMI, FL. 33135	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JUSTO IGLESIAS	
STREET ADDRESS	2129 WEST FLAGLER ST.
CITY-ST-ZIP	MIAMI, FL. 33135
TITLE D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME AJAX AGUIRRE	
STREET ADDRESS	2129 WEST FLAGLER ST.
CITY-ST-ZIP	MIAMI, FL. 33135
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: *Rafael Sequeira* **RAFAEL SEQUEIRA - PRESIDENT** **1/10/2000** **(305) 541-4421**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)