

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90006 046 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 834315

1. Entity Name
APOSTOLIC ASSEMBLY OF THE FAITH IN CHRIST JESUS

Principal Place of Business: 10807 LAUREL ST, RANCHO CUCAMONGA CA 91730 US
 Mailing Address: 10807 LAUREL ST, RANCHO CUCAMONGA CA 91730 US

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

4. FEI Number **95-6087955** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FORTINO, REV. JUAN
187487 NW 80TH AVE.
MIAMI FL 33015

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, BALDEMAR	
STREET ADDRESS	10807 LAUREL ST.	
CITY-ST-ZIP	RANCHO CUCAMONGA CA 91730	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANCHEZ, DANIEL G	
STREET ADDRESS	10807 LAUREL ST	
CITY-ST-ZIP	RANCHO CUCAMONGA CA 91730	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VALVERDE, SAMUEL	
STREET ADDRESS	10807 LAUREL ST.	
CITY-ST-ZIP	RANCHO CUCAMONGA CA 91730	
TITLE	T	<input type="checkbox"/> Delete
NAME	ESPINOSA, ARTHUR	
STREET ADDRESS	10807 LAUREL ST	
CITY-ST-ZIP	RANCHO CUCAMONGA CA 91730	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: CONCEPCION CONTRERAS **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *CONCEPCION CONTRERAS* **Date** 7/19/2000 **Daytime Phone #** (905) 987-3013

CR2E037 (5/00)