

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005539

1. Entity Name

THE CHURCH OF GOD INTERNATIONAL MOVEMENT INC.

Principal Place of Business

PO BOX 7288  
CAGUAS, PUERTO RICO 00725

Mailing Address

PO BOX 7288  
CAGUAS, PUERTO RICO 00725

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, LUIS  
1611 MAPLE AVE  
LEHIGH ACRES FL 33936

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

*Luis Diaz* Luis DIAZ

2-10-2001

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SIERRA, BENIGNO D<br>HORTENSIA 226-B<br>CAGUAS, PUERTO RICO 00725           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SANTANA, JOSUE CINTRON REV.<br>BO. DUQUE CALLE 2<br>CAGUAS, PUERTO RICO     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>RODRIGUEZ, JOSE E<br>BOX 7288<br>CAGUAS, PUERTO RICO                        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>CAPELES, JULIO O<br>CALLE #2 B-9, URB. LAS CAROLINAS<br>CAGUAS, PUERTO RICO | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ENCARNACION, JOSE<br>CALLE 16 #464 LUIS M. CLINTON<br>FAJARDO, P.R.         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CAPELES, JULIO ORTIZ<br>CALLE #2 B-9URB. LAS CAROLINAS<br>CAGUAS, P.R.      | <input checked="" type="checkbox"/> Delete |

|                                                |                                                                                 |                                                                              |
|------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Garcia Jacinto D<br>Bo. Buena Vista<br>Humacao, P. R.                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Encarnacion Jose D.<br>Calle #16 No. 464<br>Fajardo, P. R.                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Torres, David S<br>Carr. 173 KM.2.0 Interior<br>Bo. Monte Llano<br>Cidra, P. R. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Gonzalez German D<br>HC-02 Box 15273<br>Carolina, P. R.                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Rodriguez, Ruben D<br>Reparto San Jose Calle 1-E-29<br>Gurabo, P. R.            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

*General Secretary* GENERAL SECRETARY

1-24-2001

1-787-746-6606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED  
Feb 27, 2001 8:00 am  
Secretary of State

02-27-2001 90063 001 \*\*\*\*78.75

02-27-2001 90063 002 \*\*\*\*61.25

U S U I U



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0481400

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required