

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000837

1. Entity Name

IGLESIA EVANGELICA CAMINO AL CIELO, INC.

Principal Place of Business

6708 1/2 STIRLING ROAD
HOLLYWOOD FL 33024

Mailing Address

2201 NW 84TH TERR
PEMBROKE PINES FL 33024

2. Principal Place of Business

6102 Filmore Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, Florida

City & State

Zip

Country

Zip

Country

33024

4. FEI Number

65-1075558

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LORENZO, DAVID
2201 NW 84TH TERR
PEMBROKE PINES FL 33024

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 David Lorenzo, PD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

February 11, 2002

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

TITLE PD
NAME LORENZO, DAVID
STREET ADDRESS 2201 NW 84TH TERR
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

TITLE APD
NAME ROSA, MANUEL
STREET ADDRESS 8881 SUNRISE LAKES BLVD 83 APT 111
CITY-ST-ZIP SUNRISE FL 33322 ☐ Delete

TITLE DT
NAME RAMOS, LUIS OMAR
STREET ADDRESS 2430 NW 68 AVE
CITY-ST-ZIP SUNRISE FL 33313 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT
NAME RAMOS, LUIS OMAR
STREET ADDRESS 2591 NW 87 Lane
CITY-ST-ZIP SUNRISE, FL 33322 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: DAVID LORENZO, PD February 11, 2002 (954)437-9145

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90970 012 ****70.00



DO NOT WRITE IN THIS SPACE

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