

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90157 022 ****61.25

DOCUMENT # N00000001402



1. Entity Name
**IGLESIA CRISTIANA, LA VINA DEL ESPIRITU SANTO, I
NC.**

Principal Place of Business

**9370 SUNSET DRIVE
UNIT A -260
MIAMI FL 33173**

Mailing Address

**14201 S.W. 57TH LANE
UNIT 2
MIAMI FL 33183**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0995113**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SALAZAR, DAISY
14201 SW 57TH LN #2
MIAMI FL 33183**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

2/13/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **RODRIGUEZ, THELMA**
STREET ADDRESS **8761 SW 41ST ST**
CITY-ST-ZIP **MIAMI FL 33165**

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

TITLE **DP** ☐ Delete
NAME **SALAZAR, LUIS F**
STREET ADDRESS **14201 S.W. 57TH LANE UNIT 2**
CITY-ST-ZIP **MIAMI FL 33183**

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

TITLE **D** ☒ Delete
NAME **SALAZAR, DAISY H**
STREET ADDRESS **14201 S.W. 57TH LANE UNIT 2**
CITY-ST-ZIP **MIAMI FL 33183**

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

TITLE **D** ☐ Delete
NAME **HOLBROOK, JOSEPH**
STREET ADDRESS **25305 SW 136 CT**
CITY-ST-ZIP **PRINCETON FL 33032**

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

TITLE **T** ☐ Delete
NAME **MUNOZ, EDUARDO**
STREET ADDRESS **10234 SW 9 TERR.**
CITY-ST-ZIP **MIAMI FL 33174**

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

TITLE **S** ☐ Delete
NAME **SALAZAR, DAISY H**
STREET ADDRESS **14201 SW 57 LN #2**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SALAZAR, DAISY H
Signature and typed or printed name of signing officer or director

2/13/03
Date

305-271-1225
Daytime Phone #

CR2E037 (10/02)