

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 28, 2002 8:00 am
Secretary of State

02-25-2002 90050 042 ****75.00

DOCUMENT # N00000001419

1. Entity Name

IGLESIA ENCUENTRO CON DIOS DE A/G INC.

Principal Place of Business

Mailing Address

**112 S.E. 5TH AVE
 OKEECHOBEE FL 34972**

**P.O. BOX 2311
 OKEECHOBEE FL 34972**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

**MARTINEZ, HUMBERTO
 1807 G PARROTT AVE APT #B101
 OKEECHOBEE FL 34972**

(new address)

**7650 HWY 78 West
 Overy man Park
 Lot 5A
 Okeechobee FL 34974**

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

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 **PD** ☐ Delete
 NAME **MARTINEZ, HUMBERTO**
 STREET ADDRESS **1807 G PARROTT AVE APT #B101**
 CITY-ST-ZIP **OKEECHOBEE FL 34972**

D. new address →

TITLE **P.O. Humberto Martinez D.** ☐ Change ☐ Addition
 NAME **Humberto Martinez D.**
 STREET ADDRESS **7650 HWY 78 West**
 CITY-ST-ZIP **Lot 5A, Okeechobee FL 34974**

TITLE **SD** ☒ Delete
 NAME **MORIN, BETSAIDA**
 STREET ADDRESS **1420 NE 55TH TRAIL**
 CITY-ST-ZIP **OKEECHOBEE FL 349723**

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

TITLE **TD and Secretary** ☐ Delete
 NAME **ROMERO, JESUS**
 STREET ADDRESS **693 NW 21ST LANE**
 CITY-ST-ZIP **OKEECHOBEE FL 34972**

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

TITLE **Ocasio William T.** ☐ Delete
 NAME **425 N.E 31st Way**
 STREET ADDRESS **Okeechobee FL 34974**
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (9/01)