2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 25, 2002 8:00 am Secretary of State DOCUMENT # N0000001846 1. Entity Name IGLESIA CRISTIANA BIENVENIDOS A CASA, INC. 02-25-2002 90076 010 ****75.00 Principal Place of Business Mailing Address 1116 JANN AVE 1116 JANN AVE OPA LOCKA FL 33054 OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address 1116 JANN 1116 JANN AUC Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Opa · Loc City & State 1PA-Locka City & State 4. FEI Number Applied For Fortladale od Fortlado 36-4349279 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired DAde 33054 33054 DAde Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent de Obispo CABALLERO, ILEA REV. Street Address (P.O. Box Number is Not Acceptable 1116 JANN AVE OPA LOCKA FL 33054 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ('p.ntro Cristiano ☐ Addition CR2E037 (9/01 IGLEASIA, CHRISTIANA NAME NAME jenvenidos A cosaInc STREET ADDRESS 1116 JANN AVE STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 33054 CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROJAS, CARMEN NAME NAME STREET ADDRESS 4105 SW 18TH CT STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33317 CITY-ST-ZIP TD TITLE Delete TITLE ☐ Change ☐ Addition NAME VAZQUEZ, CARMEN NAME STREET ADDRESS 6226 LINCOLN ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33024 CITY-ST-ZIP Delete TITLE Change ☐ Addition VIRUET, MARY NAME NAME STREET ADDRESS 1116 JANN AVE STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 33054 CITY-ST-ZIP TITLE pastor sherald A Obispo Rev. ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS Ille Jannage CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Sherald A. Obis po hev.

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