

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90033 034 ****61.25

0052407

DOCUMENT # N00000002434

1. Entity Name

IGLESIA DE RESTAURACION "EL MONTE DE LOS OLIVOS"

Principal Place of Business

Mailing Address

101 NE 28 COURT
 BOYNTON BEACH FL 33435

101 NE 28 COURT
 BOYNTON BEACH FL 33435

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

65-1003347

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

PERALES, MARIA
101 NE 28 COURT
BOYNTON BEACH FL 33435

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 *Maria Peralas*

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 PERALES, MARIA
 101 NE 28 COURT
 BOYNTON BEACH FL 33435 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 T.D. PERALES MARIA ☒ Change ☐ Addition
 101 NE. 28 COURT
 Boynton Beach FL 33435

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 CORTEZ, ROSA M
 2525 HOLLY RD
 WEST PALM BEACH FL 33406 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P.D. HUGO I. HERNANDEZ ☒ Change ☒ Addition
 3890 MAX PLACE # 208
 BOYNTON BEACH FL 33436

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 CORTEZ, LUIS A
 2525 HOLLY RD
 WEST PALM BEACH FL 33406 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S.D. Juan Antonio Trosey ☐ Change ☒ Addition
 910 N. CST.
 LAKE WORTH FL. 33460

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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:

Maria Peralas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-05-01

Date

Daytime Phone #

CR2E037 (10/00)