

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004437

1. Entity Name

CONFRATERNIDAD CRISTIANA DE ORACION Y APOYO MINISTERIAL

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90217 039 \*\*\*\*61.25

Principal Place of Business

1260 S.W. 104TH PATH  
SUITE 106  
MIAMI FL 33174

Mailing Address

1260 S.W. 104TH PATH  
SUITE 106  
MIAMI FL 33174

2. Principal Place of Business

9440 NW 12 Street

Suite, Apt. #, etc.

3. Mailing Address

9440 NW 12 Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1022101

Applied For

Not Applicable

Zip

33172

Country

MIAMI-DADE

Zip

33172

Country

MIAMI-DADE

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

PEREZ, JULIO E REV.  
1260 S.W. 104TH PATH  
SUITE 106  
MIAMI FL 33174

Name REV. JULIO E. PEREZ

Street Address (P.O. Box Number is Not Acceptable)

9440 NW 12 Street

City MIAMI

FL

Zip Code 33172

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  
NAME PEREZ, JULIO E REV.  
STREET ADDRESS 1260 SW 104TH PATH SUITE 106  
CITY-ST-ZIP MIAMI FL 33174 ☐ Delete

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

TITLE VTD  
NAME ESCALENTE, RAUL REV.  
STREET ADDRESS 3936 W. 9TH CT.  
CITY-ST-ZIP HIALEAH FL 33012 ☒ Delete

TITLE VTD  
NAME ANTHONY VERDUGO  
STREET ADDRESS 9982 SW 27 TERRACE, MIAMI FL 33165  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VSD  
NAME NINA, JOSE FRANK REV.  
STREET ADDRESS 840 NORTH 70TH AVENUE  
CITY-ST-ZIP HOLLYWOOD FL 33024 ☒ Delete

TITLE VSD  
NAME REV. LUIS A. ARENAS  
STREET ADDRESS 9641 HUDSON STREET, MIRAMAR FL 33025  
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

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:

PEREZ, JULIO E. PEREZ 04-25-01 (305) 507-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)