

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90177 015 *****61.25

DOCUMENT # N0000000 4780
1. Entity Name
 CENTRO EVANGELISTICO EL FARO, INC.

Principal Place of Business
 8040 NW 170 TERRACE
 MIAMI, FL 33015

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 8040 NW 170 TERR
 Suite, Apt. #, etc.

City & State
 MIAMI, FL
Zip
 33015
Country
 USA

4. FEI Number
 65-1025444
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 DELIA GONZALEZ
 8040 NW 170 TERRACE
 MIAMI, FL 33015

7. Name and Address of New Registered Agent
 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 Delia Gonzalez **DATE** 8/27/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE P/D	NAME GONZALEZ, DELIA	<input type="checkbox"/> Delete
STREET ADDRESS 8040 NW 170 TERR	CITY-ST-ZIP MIAMI, FL 33015	
TITLE D	NAME GARCIA, DAISY	<input type="checkbox"/> Delete
STREET ADDRESS 8040 NW 170 TERR	CITY-ST-ZIP MIAMI, FL 33015	
TITLE S/D	NAME WOLAN, RUTH	<input type="checkbox"/> Delete
STREET ADDRESS 8040 NW 170 TERR	CITY-ST-ZIP MIAMI, FL 33015	
TITLE VP/D	NAME GONZALEZ, ALEJANDRO	<input type="checkbox"/> Delete
STREET ADDRESS 8040 NW 170 TERR	CITY-ST-ZIP MIAMI, FL 33015	
TITLE D/T	NAME MEZA, MARIA G	<input type="checkbox"/> Delete
STREET ADDRESS 8040 NW 170 TERR	CITY-ST-ZIP MIAMI, FL 33015	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: Delia Gonzalez **DATE:** 8/27/03 (305) 819-2562

CR2E037 (9/99)