

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90168 040 \*\*\*\*70.00

003412

**DOCUMENT # N00000006978**

1. Entity Name

**IGLESIA ROCA ETERNA, CORP.**

Principal Place of Business

12511 SW 250 TERRACE  
MIAMI FL 33032

Mailing Address

12511 SW 250 TERRACE  
MIAMI FL 33032

00013114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7047 SW 47th St.

3. Mailing Address

P.O. Box 970767

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Miami, FL

City &amp; State

Miami, FL

Zip

33155

Country

USA

Zip

33197-0767

Country

USA

4. FEI Number

65-1047854

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

ALVAREZ, JULIO J  
12684 NW 8TH LANE  
MIAMI FL 33182

Name

Same (Julio J. Alvarez)

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

12684 NW 8th Lane

City

Miami

FL

Zip Code

33182

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	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, JOSE M	
STREET ADDRESS	12511 SW 250 TERRACE	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALVAREZ, JULIO J	
STREET ADDRESS	12684 NW 8TH LANE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ANITA L	
STREET ADDRESS	18442 SW 92ND COURT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anita L. Rodriguez 1-16-01 (305) 378-2168

CR2E037 (10/00)