

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90080 043 ****70.00

DOCUMENT # NO1000000462

1. Entity Name

IGLESIA DE RESTAURACION CRISTIANA DE FLORIDA, INC.

Principal Place of Business

921 E. 47TH ST.
 HIALEAH FL 33013

Mailing Address

921 E. 47TH ST.
 HIALEAH FL 33013

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

65-1070973

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

~~TALAVERA, JORGE R~~
~~8816 NW 118TH ST.~~
~~HIALEAH GARDENS FL 33018~~

Name **Pablo A. Hurtado**

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

5421 W. 24TH AVE. APT. 45

City

Hialeah

FL

Zip Code

33016-4713

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 checked="" type="checkbox"/> Delete
NAME	TALAVERA, JORGE R	
STREET ADDRESS	8816 NW 118TH ST.	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HURTADO, PABLO A	
STREET ADDRESS	198 NW 46TH AVE. APT. 1	Change ADDRESS
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, NESTOR	
STREET ADDRESS	465 W. 11TH ST. APT. 14	
CITY-ST-ZIP	HIALEAH FL 33010	
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 checked="" type="checkbox"/> Addition
NAME	Harry N. MORA	
STREET ADDRESS	1537 JEFFERSON AVE. APT. #12	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pablo A. Hurtado	
STREET ADDRESS	5421 W. 24TH AVE. APT. 45	
CITY-ST-ZIP	Hialeah FL 33016-4713	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESBIA TALABERA	
STREET ADDRESS	8816 N.W. 118TH ST	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	
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		
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-02

Date

Daytime Phone #

CR2E037 (9/01)