

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90137 014 ****61.25

DOCUMENT # N01000002868

1. Entity Name

LA GLORIA DE CRISTO IGLESIA CRISTIANA SIN DENOMINACION, INC.



Principal Place of Business

**8603 S.W. 40TH STREET
MIAMI FL 33155**

Mailing Address

**P.O. BOX 160754
MIAMI FL 33116**

2. Principal Place of Business

10855 SW 26TH STREET

3. Mailing Address

P.O. BOX 654830

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33165

Country

USA

Zip

33265

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1047266**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GABAY, RAFAEL
13299 S.W. 112TH ST
UNIT 4
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name **GABAY, RAFAEL**

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

14863-SW 40TR

City

MIAMI

FL

Zip Code

33185

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GABAY, RAFAEL	
STREET ADDRESS	13299 S.W. 112TH STREET UNIT 4	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	GABAY, IRENE	
STREET ADDRESS	13299 S.W. 112TH STREET UNIT 4	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRERA, JUAN C	
STREET ADDRESS	4670 S.W. 101 AVENUE	
CITY-ST-ZIP	MIAMI FL 33165	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABAY, RAFAEL	
STREET ADDRESS	14863-SW 40TR	
CITY-ST-ZIP	MIAMI-FLA 33185	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABAY, IRENE	
STREET ADDRESS	14863-SW 40TR	
CITY-ST-ZIP	MIAMI-FLA 33185	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRERA, JUAN C	
STREET ADDRESS	4145-SW 107CT	
CITY-ST-ZIP	MIAMI-FLA 33165	
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

4/1/03

CR2E037 (10/02)