

2002 UNIFORM BUSINESS REPORT (UBR)

04-09-2002 90080 014 ****70.00

FILED N01000002946

02 JUN 20 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

30551



DO NOT WRITE IN THIS SPACE

DOCUMENT # N01000002946

1. Entity Name *Cristianew*
IGLESIA CRISTIANA RESTAURACION DE LAS ASAMBLEAS
DE DIOS, INC.

Principal Place of Business Mailing Address
6295 LAKE WORTH RD.
LAKE WORTH FL 33483
6295 LAKE WORTH RD.
LAKE WORTH FL 33483
10 Meadows Park Lane
Boynton Beach, FL 33436

2. Principal Place of Business 3. Mailing Address
6295 LAKE WORTH RD.
Suite, Apt. #, etc.
Suite, Apt. #, etc.
10 Meadows Park Lane

City & State City & State
LAK WORTH FL Boynton Beach, FL
Zip Zip
33463 33436
Country Country

4. FEI Number Applied For
☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
MORALES, LUIS
2100 MONICA DR.
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent
Name Same
Street Address (P.O. Box Number is Not Acceptable)
366 Forest Estates Dr.
W. P. B.
City FL Zip Code
33415

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$81.25

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 ☐ Delete
NAME MORALES, LUIS
STREET ADDRESS 2100 MONICA DR. 366 Forest Estates Dr.
CITY-ST-ZIP WEST PALM BEACH FL 33415 W. P. O. 33415
TITLE SD ☒ Delete
NAME JORDAN, DAMARIS
STREET ADDRESS 3801 57TH AVE. SOUTH
CITY-ST-ZIP GREENACRES FL 33483
TITLE TO ☐ Delete
NAME SERRANO, MERIAM
STREET ADDRESS 5183 ARBOR GLEN CR. 10 Meadows Park Lane
CITY-ST-ZIP LAKE WORTH FL 33483 Boynton Beach, FL 33436
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME 133
STREET ADDRESS AUGUSTO CASTILLO
CITY-ST-ZIP
TITLE ☐ Change ☒ Addition
NAME PD
STREET ADDRESS Castillo Augusto
CITY-ST-ZIP 133 Windsor G
West Palm Beach, FL 33417
TITLE ☐ Change ☐ Addition
NAME Same
STREET ADDRESS 10 Meadows Park Lane
CITY-ST-ZIP Boynton Beach FL 33436
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ 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)(f), 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 817, 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: *Luis Morales*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-23-02

Date

Daytime Phone #

CR2E037 (9/01)