## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 26, 2002 8:00 am Secretary of State DOCUMENT # N0100003124 1. Entity Name CALVERY CHAPEL OF KENDALL, INC. 02-26-2002 90054 011 \*\*\*\*61.25 > This is mispelled -6700 SW 38TH STREET 6700 SW 38TH STREET MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address 80 80× 160088 2350 SW 132 court Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 20 l City & State City & State 4. FEI Number Applied For 65-109967( MiaMI Mia Mi Not Applicable Country U TA Countr \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Pedro Garcia Street Address (P.O. Box Number is Not Acceptable) GARCIA, PEDRO P 6700 SW 38TH STREET 12350 SW 132 court **MIAMI FL 33155** 8. The above named entity submits this statemen for the purpose of changing its registered office or registered agent, or both, in the state of Florida 2-11-02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Redro Garcia with a G" not "C" TITLE PD TITLE CR2E037 (9/01) ☐ Delete ☐ Addition NAME CARCIA, PEDRO P NAME STREET ADDRESS 6700 SW 38TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 VTD. Delete TITLE ☐ Addition ☐ Change NAME FRANQUIZ, ROBERT NAME STREET ADDRESS 6700 SW 38TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME CLAUNCH, SCOTT NAME STREET ADDRESS 6700 SW\_38TH\_STREET STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP-MIAMI FL 33155 ☐ Delete TITLE Change ☐ Addition NAME Vazquez, razz STREET ADDRESS 6700 SW 38TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

2-11-02 786-242-344(