

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jul 23, 2002 8:00 am
Secretary of State

05-28-2002 91786 030 ****61.25

DOCUMENT # NO1000003128

1. Entity Name

IGLESIA CRISTIANA MELQUISEDEC INC.

Principal Place of Business

1192 SW 135TH PLACE
 MIAMI FL 33184

Mailing Address

1192 SW 135TH PLACE
 MIAMI FL 33184

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

651111832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANCHEZ, ILUMINADO PASTOR
 1192 SW 135TH PLACE
 MIAMI FL 33184

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE: PD
 NAME: SANCHEZ, ILUMINADO PASTOR
 STREET ADDRESS: 1192 SW 135TH PLACE
 CITY-ST-ZIP: MIAMI FL 33184 ☐ Delete

TITLE: SD
 NAME: IZQUIERDO, MARIA
 STREET ADDRESS: 10210 S.W. 20TH TERR
 CITY-ST-ZIP: MIAMI FL 33165 ☒ Delete

TITLE: STD
 NAME: COPPOLECCHIA, MARIA
 STREET ADDRESS: 10210 S.W. 20TH TERR
 CITY-ST-ZIP: MIAMI FL 33165 ☒ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: SECRETARY
 NAME: ESMERALDA CARTELES
 STREET ADDRESS: 6471 SW 6 STREET
 CITY-ST-ZIP: MIAMI, FL 33144 ☒ Change ☐ Addition

TITLE: TREASURER
 NAME: JOHN MENA
 STREET ADDRESS: 8306 MILLS DRIVE #200
 CITY-ST-ZIP: MIAMI, FL 33183 ☒ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

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: ILUMINADO SANCHEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

(305) 246-5707

Daytime Phone #

CR2E037 (9/01)