

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000004426**

1. Entity Name

**ALMA MIAMI, INC. OF THE IGLESIA ALIANZA CRISTIAN
A Y MISIONERA MIAMI AL ENCUENTRO CON DIOS**

Principal Place of Business

Mailing Address

**5035 SW 147 PLACE
MIAMI FL 33185****5035 SW 147 PLACE
MIAMI FL 33185**

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

65-1120762

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

**POLO, ARTURO
5035 SW 147 PLACE
MIAMI FL 33185**

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. 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

**After September 13, 2002,
min. will be \$236.25.**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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	POLO, ARTURO	5035 SW 147 PLACE MIAMI FL 33185				
	V	TOLEDO, ANDY W	13439 SW 59 TERR MIAMI FL 33185				
	S	Loeagry-Cabrera	9591 Fontainebleau Blvd. Miami, FL 33172				

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**Andy Toledo****9/3/02****305-386-7404**

Date

Daytime Phone #

FILED

02 OCT 18 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

710180



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)