

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

DOCUMENT # NO1000004974

1. Entity Name

FRATERNIDAD DE IGLESIAS JESUCRISTO ES EL SENOR, INC.

03-29-2002 91463 001 *****8.75
 03-29-2002 91463 002 *****61.25

Principal Place of Business

Mailing Address

632 E 4TH AVE
 HIALEAH FL 33010

632 E 4TH AVE
 HIALEAH FL 33010

2. Principal Place of Business

2053 A NW. 22nd Ave

3. Mailing Address

321 E. 6th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

124

City & State

MIAMI FLORIDA

City & State

HIALEAH FLORIDA

Zip

33142

Country

U.S.A.

Zip

33010

Country

U.S.A.

4. FEI Number

65-1128075

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ LOPEZ, CHESTER H
 321 E. 6TH ST APT #124
 HIALEAH FL 33010

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME PEREZ L, CHESTER H
 STREET ADDRESS 321 E. 6TH ST APT 124
 CITY-ST-ZIP HIALEAH FL 33010

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

TITLE VD ☐ Delete
 NAME MLINA, ISAUL
 STREET ADDRESS 1928 N.. 16TH TERRACE
 CITY-ST-ZIP MIAMI FL 33125

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

TITLE TD ☐ Delete
 NAME REYES, AMPARO D
 STREET ADDRESS 8001 CRESPI BLVD. #7-B
 CITY-ST-ZIP MIAMI BEACH FL 33141

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

TITLE SD ☐ Delete
 NAME SHIHADA, ROSA
 STREET ADDRESS 745 WEST 74TH PLACE
 CITY-ST-ZIP HIALEAH FL 33014

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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)(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

3/12/02 786 897 5766

Date

Daytime Phone #

CR2E037 (9/01)