2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT # N01000004974

1. Entity Name

FRATERNIDAD DE IGLESIAS JESUCRISTO ES EL SENOR. INC.



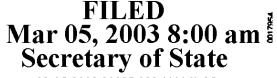
Principal Place of Business

2053 A N.W. 22ND AVE. MIAMI FL 33142

Mailing Address

321 E. 6TH ST. HIALEAH FL 33010

2. Principal Place of Business SAME AS Above	3. Mailing Address SAME AS Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03-05-2003 90037 023 ****61.25



Suite, Apt. #, ei	C.	Suite, Apt. #, e	tc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-1128075		Applied For Not Applicable		
Zip	P Country Zip		Cou	untry	5. Certificate of Status Desired		\$8.75 Additional		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
PEREZ LOPEZ 321 E. 6TH ST HIALEAH FL 3		ور میویند د موده	- 2-3	Name Street Add	ress (P.O. Box Number is Not Acceptable)				

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.

City

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

Make Check Payable to

Zip Code

./ : -	,			_	Added to Fees	Fiorida De	epartment of	State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIALEAH FL 33010	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MLINA, ISAUL 1928 N 16TH TERRACE MIAMI FL 33125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	i		. , , , , , , , , , , , , , , , , , , ,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REYES, AMPARO D 8001 CRESPI BLVD. #7-B MIAMI BEACH FL 33141	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	TT James		The second section is a second section in	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHIHADA, ROSA 745 WEST 74TH PLACE HIALEAH FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			- *	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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 of 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 addless, with all given like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

786-897-5766