## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N01000005408

Entity Name: IGLESIA LUGARES CELESTIALES, INC.

FILED Sep 04, 2003 Secretary of State

201 W. OCEAN BLVD. STUART, FL 34996

**Current Mailing Address: New Mailing Address:** 

201 W. OCEAN BLVD. STUART, FL 34996

FEI Number: 31-1810081 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHRIPCZUK, JOSEPH P ALVAREZ, MARCOS A 10785 S. ÓCEAN DR 201 W. OCEÁN BLVD. STUART, FL 34996 JENSEN BEACH, FL 34957 US

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: MARCOS ANTONIO ALVAREZ 09/04/2003

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete CHRIPCZUK, JOSEPH P TERRERO, BENIGNO Name: Name: Address: 1811 SE HIDEAWAY CR Address: 2995 SE ASTER LANE # E102

City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip: STUART, FL 34994

Title: () Delete Title: () Change () Addition Name: ALVAREZ, MARCOS Name: Address: 10785 S. OCEAN DR. Address:

City-St-Zip: JENSEN BCH, FL 34957 City-St-Zip: Title: () Delete Title:

(X) Change ( ) Addition KEEN, ESTHER Name: SEGURA, MARIA Name:

217 HIBISCUS AVE. Address: Address: PO BOX 1345 City-St-Zip: STUART, FL 34996 City-St-Zip: PORT SALERNO, FL 34992

Title: () Delete Title: ( ) Change (X) Addition

Name: Name: MARNIE, ORREGO Address: Address: 2737 SE HOWELL AV City-St-Zip: City-St-Zip: PORT SAINT LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCOS ANTONIO ALVAREZ D 09/04/2003