

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

09-15-2003 90155 028 \*\*\*\*\*87.50

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**DOCUMENT # NO1000007501**

1. Entity Name

"LAS AMERICAS" THEOLOGICAL SEMINARY INC.



Principal Place of Business

1325 NORTH A STREET  
LAKE WORTH FL 33460

Mailing Address

1325 NORTH A STREET  
LAKE WORTH FL 33460

2. Principal Place of Business

3. Mailing Address

153 Henthorne Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Springs FL

City & State

Zip

Country

33 461

Palm Beach

4. FEI Number 05-0528736

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required 3

6. Name and Address of Current Registered Agent

MORENO, GERMAN  
1325 NORTH A STREET  
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name MORENO, GERMAN

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

153 Henthorne Dr

City palm springs

FL

Zip Code

33 461

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*German Moreno*

Dr. German Moreno

08-14-03

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**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MORENO, GERMAN	
STREET ADDRESS	1325 NORTH A STREET	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	D	<input type="checkbox"/> Delete
NAME	ITZA, LIBNA	
STREET ADDRESS	2853 CROSLY DR W #E	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTILLO, HILDA	
STREET ADDRESS	1677 83 DR SOUTH	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE LEON, MAURO	
STREET ADDRESS	217 SOUTH K ST	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

*Dr. German Moreno* 561-718-7388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (4/03)