

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90120 037 \*\*\*\*61.25

0034322

**DOCUMENT # NO1000007524**

1. Entity Name

**IGLESIA CRISTIANA PIEDRA ANGULAR, INC.**



Principal Place of Business

**1455 MARTINIQUE CT.  
#6508  
WESTON FL 33326  
US**

Mailing Address

**1455 MARTINIQUE CT.  
#6508  
WESTON FL 33326  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1154190**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PEREZ, RICARDO  
1455 MARTINIQUE CT  
#6508  
MIAMI FL 33183**

7. Name and Address of New Registered Agent

Name **PEREZ, RICARDO**  
Street Address (P.O. Box Number is Not Acceptable)  
**782 LAVENDER Circle.**  
City **Weston.** FL Zip Code **33327**

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

**April 29 - 2003**

**FILE NOW: FEE IS \$61.25**

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 **PD** ☐ Delete  
NAME **PEREZ, RICARDO**  
STREET ADDRESS **1455 MARTINIQUE CT.**  
CITY-ST-ZIP **WESTON FL 33326**

TITLE **PD** ☐ Change ☐ Addition  
NAME **PEREZ, RICARDO**  
STREET ADDRESS **782 LAVENDER Circle**  
CITY-ST-ZIP **Weston, FL 33327**

TITLE **SD** ☐ Delete  
NAME **SALES, JOSE M**  
STREET ADDRESS **269 N. UNIVERSITY DRIVE SUITE B**  
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **SD** ☐ Change ☐ Addition  
NAME **SALES, JOSE M**  
STREET ADDRESS **782 LAVENDER Circle**  
CITY-ST-ZIP **Weston, FL 33327**

TITLE **TD** ☐ Delete  
NAME **VILLAREAL, CARLOS M**  
STREET ADDRESS **1455 MARTINIQUE COURT #6508**  
CITY-ST-ZIP **WESTON FL 33326**

TITLE **TD** ☐ Change ☐ Addition  
NAME **VILLAREAL, CARLOS M**  
STREET ADDRESS **782 LAVENDER Circle**  
CITY-ST-ZIP **Weston, FL 33327**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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**

**April 29 - 2003**

CR2E037 (10/02)