

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90163 017 ****61.25

DOCUMENT # N01822

1. Entity Name

COMUNIDAD DE ALIANZA LA NUEVA JERUSALEM, INC.



Principal Place of Business

**10040 SW 70 ST
MIAMI FL 33173
US**

Mailing Address

**P.O. BOX 65-1702
MIAMI FL 33265-1702**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, WILLIAM F., JR.
10040 SW 70 ST
MIAMI FL 33173**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of the registered agent.

SIGNATURE

Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/03

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
VD	DELGADILLO, NOEL	13052 SW 57TH TERR	MIAMI FL	☐
SD	VARONA, OSCAR A	11105 SW 125TH ST	MIAMI FL	☐
PD	BROWN, WILLIAM F., JR.	10040 SW 70 ST	MIAMI FL	☐
TD	ARGUELLO, NESTOR J	7803 SW 129TH PL	MIAMI FL	☐
				☐
				☐

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

CR2E037 (10/02)

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 to an address, with all other like empowered.

SIGNATURE: **SIGNATURE PRESIDENT**

2.17.03

305 273 7460