

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

DOCUMENT # NO2000004940

1. Entity Name

IGLESIA FAMILIA EN CRISTO INC.



01-23-2003 90259 001 *****8.75
01-23-2003 90259 002 *****61.25

Principal Place of Business

**11363 SW 148 STREET
MIAMI FL 33176**

Mailing Address

**11363 SW 148 STREET
MIAMI FL 33176**

00002403



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

72 1529114

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REYES, JAIME A
11363 SW 148 STREET
MIAMI FL 33176**

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 registered agent.

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
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** ☐ Delete
NAME **REYES, JAIME A**
STREET ADDRESS **11363 SW 148 STREET**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **S** ☐ Change ☒ Addition
NAME **Brenda Reyes**
STREET ADDRESS **11363 SW 148 Street**
CITY-ST-ZIP **Miami, FL 33176**

TITLE **D** ☒ Delete
NAME **TELLERIA, LEONEL**
STREET ADDRESS **11363 SW 148 STREET**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VD** ☐ Change ☒ Addition
NAME **Angel Galarza**
STREET ADDRESS **11363 SW 148 Street**
CITY-ST-ZIP **Miami, FL 33176**

TITLE **D** ☐ Delete
NAME **GALARZA, JUDY**
STREET ADDRESS **11363 SW 148 STREET**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

1/21/03

(786)306-1625

CR2E037 (10/02)