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

DOCU 1. Entity Nan EDATEDNI			FILED						
FRATERNIDAD PASTORS UNIDOS PALM BEACH, INC.			03 MAY 16 AM 11: 54						
Principal Place of Business 5063 STACY ST. WEST PALM BEACH FL 33417		Mailing Address 5063 STACY ST. WEST PALM BEACH FL 33417			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
) 	21 0 112 11 63 111 83 111 8		301 JA 6 1 1003	
Principal Place of Business 3. M		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		×	CHECK HERE IF MA	KING CHANGES	83	
City & State		City & State			4. FEI Number			plied For at Applicable	
Zip	Country	Ζiρ	Country		5. Certificate of St	atus Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent		Registered Agent		7. Name and Address of New Registered Agent			red Agent		
				Name					
MORALES, HECTOR L 5063 STACY ST.				Street Address (P.O. Box Number is Not Acceptable)					
WEST PALM BEACH FL 33417									
			City			 ,	FL Zip Cod	e	
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 DATE									
FILE NO FEE IS \$61.25 9. Election Campai Trust Fund Conti					\$5.00 May Be Added to Fees		heck Payable epartment of S		
10. OFFICERS AND DIRECTORS			T-2-		DDITIONS (CLIANO		•		
TITLE	OFFICERS AND DIR	ECTORS Delete	11.	-W 0/	10	ES TO OFFICERS AN	D DIRECTORS IN Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MORALES, HECTOR L 5063 STACY ST. WEST PALM BEACH FL 33417	L) Delete	NAME STREET ADDRESS CITY-ST-ZIP	Ir	VIN Vele 3 Stacy 8+	•	A change	Agaillar	
TITLE	T	□ Delete	TITLE	300	10 00 01 15		Change	Addition	
NAME	DE LEON, ROBERTO		NAME	Mel	chor San	chez			
STREET ADDRESS	5063 STACY ST. WEST PALM BEACH FL 33417		STREET ADDRESS CITY-ST-ZIP	506 WPB	3 Stacy of	ביים . בוא		}	
TITLE	S	154 Delete	TITLE	w 10	, , , , , , , , , , , , , , , , , , , ,	· · ·	☐ Change	Addition	
NAME	XUNCAX, JOSE	LP Delete	NAME		# #,N 2N	. Simme and a simme and a sime			
STREET ADDRESS	5063 STACY ST.		STREET ADDRESS			020416 0101801			
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP		יייני אנייטי אנייטי	01010 01.			
TITLE NAME	SANCHEZ, MELCHOR VOCAL	52 Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS	5063 STACY ST.		STREET ADDRESS					{	
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	_			Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP		•	CITY-ST-ZIP	i				{	
TITLE		Delete	TITLE				☐ Change	☐ Addition	
NAME		5000	NAME	1					
STREET ADDRESS			STREET ADDRESS					}	
CITY-ST-ZIP			CITY-ST-ZIP						

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: X

SIGNATURE AND TYPE TOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4 30/03

(561) 723-8694

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