

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03310

1. Entity Name

UNITED CHRISTIAN ASSEMBLIES, INC.

**FILED**  
**Jun 19, 2000 8:00 am**  
**Secretary of State**

06-19-2000 90001 007 \*\*\*\*61.25

Principal Place of Business

5531 GULF DR  
NEW PORT RICHEY FL 34652

Mailing Address

PO BOX 516  
PORT RICHEY FL 34673-0516  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2423871

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

CRUZ, MIGUEL A.  
8735 WOODCREST DRIVE  
PORT RICHEY FL 34668

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.

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME CRUZ, MIGUEL  
STREET ADDRESS 8735 WOODCREST DRIVE  
CITY-ST-ZIP PORT RICHEY FL

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

TITLE SD ☐ Delete  
NAME CRUZ, CHRISTINE  
STREET ADDRESS 8735 WOODCREST DR.  
CITY-ST-ZIP PORT RICHEY FL

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

TITLE D ☐ Delete  
NAME MONROE, HARRY  
STREET ADDRESS 7439 LAKE FOREST CIR  
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE TD ☐ Delete  
NAME BENNER, MARTHA J  
STREET ADDRESS 12740 MORGAN RD  
CITY-ST-ZIP HUDSON FL 34687

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

TITLE D ☒ Delete  
NAME MAJANO, FELIPE  
STREET ADDRESS 4141 PECOS DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE D ☐ Change ☒ Addition  
NAME Victor Mercado  
STREET ADDRESS 7434 Bramblewood Drive  
CITY-ST-ZIP Port Richey FL 34068

TITLE D ☐ Delete  
NAME CONCEPCION, JOSEFINA  
STREET ADDRESS 1739 COCKLESHELL DR  
CITY-ST-ZIP HOLIDAY FL 34690

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:

Christine Cruz 6/9/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)