

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03310

1. Entity Name

UNITED CHRISTIAN ASSEMBLIES, INC.

**FILED**  
May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91770 044 \*\*\*\*61.25

Principal Place of Business

5531 GULF DR  
NEW PORT RICHEY FL 34652

Mailing Address

PO BOX 516  
PORT RICHEY FL 34673  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2423871

Applied For

Not Applicable

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

4/30/02

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE T-D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE TD  
NAME BENNER, MARTHA J  
STREET ADDRESS 12740 MORGAN RD  
CITY-ST-ZIP HUDSON FL 34667

☐ Delete

TITLE D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D  
NAME MERCADO, VICTOR  
STREET ADDRESS 7434 BRAMBLEWOOD DRIVE  
CITY-ST-ZIP PORT RICHEY FL 34668

☒ Delete

TITLE Paulino Mejias D  
NAME 7509 Ivory Terrace  
STREET ADDRESS New Port Richey, FL 34655  
CITY-ST-ZIP

☐ Change ☒ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine Cruz

4/30/02

727-8635068

Date

Daytime Phone #

CR2E037 (9/01)