

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N11500**

1. Entity Name

UNITED BRETHRENS IN CHRIST CHURCH, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 1724
INTERLACHEN FL 32148****P.O. BOX 1724
INTERLACHEN FL 32148-1724**

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

59-2699307

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

**RIVERA, FRANK
114 BRANT STREET
P.O. BOX 774
INTERLACHEN FL 32148**

Name

PEDRO CRESPO

Street Address (P.O. Box Number is Not Acceptable)

124 OAK VIEW

City

INTERLACHEN**FL**

Zip Code

32148

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 **RODRIGUEZ, JOSE A.**
STREET ADDRESS **80 E MAIN ST APT ASF**
CITY-ST-ZIP **MERIDEN CT**TITLE **PD** ☒ Change ☐ Addition
NAME **RODRIGUEZ, JOSE A.**
STREET ADDRESS **209 HUBBARD ST.**
CITY-ST-ZIP **MERIDEN, CT. 06450**TITLE **VD** ☒ Delete
NAME **RODRIGUEZ-REYES, JOSE**
STREET ADDRESS **27 CATHY LANE**
CITY-ST-ZIP **WATREBURY CT**TITLE **VD** ☒ Change ☒ Addition
NAME **ORIOLO, JUAN**
STREET ADDRESS **262 VAN HOUTEN ST.**
CITY-ST-ZIP **PATTERSON, N.J. 07501**TITLE **SD** ☐ Delete
NAME **BERNARDINI, MYRIAM**
STREET ADDRESS **107 PANAMA ST PO BOX 2071**
CITY-ST-ZIP **INTERLACHEN FL 32148**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☒ Delete
NAME **ORTIZ, ANILAL**
STREET ADDRESS **240 VILLAGE LANE**
CITY-ST-ZIP **S MERIDEN CT**TITLE **SD** ☒ Change ☒ Addition
NAME **NEGRON, JR. JUAN**
STREET ADDRESS **46 CHROME AVE.**
CITY-ST-ZIP **CARTERET, N.J. 07008**TITLE **TD** ☒ Delete
NAME **OTERO, ANDRES**
STREET ADDRESS **60 DIVISION AVE #20B**
CITY-ST-ZIP **BROOKLYN NY**TITLE **TD** ☒ Change ☒ Addition
NAME **CASTILLO, RUBEN**
STREET ADDRESS **42 MIEL ST.**
CITY-ST-ZIP **MERIDEN, CT. 06450**TITLE **D** ☒ Delete
NAME **RIVERA, FRANK**
STREET ADDRESS **P.O. BOX 774 WEBSTER AVE**
CITY-ST-ZIP **INTERLACHEN FL**TITLE **D** ☒ Change ☒ Addition
NAME **CRESPO, PEDRO**
STREET ADDRESS **124 OAK VIEW**
CITY-ST-ZIP **INTERLACHEN, FL. 32148**

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:

MYRIAM BERNARDINI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/3/00**
Date**904-684-1176**
Daytime Phone #**FILED**
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90024 028 ****70.00

713173

DO NOT WRITE IN THIS SPACE