

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2002 8:00 am**  
**Secretary of State**

08-20-2002 90127 004 \*\*\*\*61.25

**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

80134668



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

115 WEBSTER ST

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1765

Suite, Apt. #, etc.

City & State  
 INTERLACHEN FL

City & State  
 INTERLACHEN FL

4. FEI Number  
 59-2699307

Applied For  
 Not Applicable

Zip  
 32148

Country  
 USA

Zip  
 32148

Country  
 USA

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

CRESPO, PEDRO  
 124 OAK VIEW  
 INTERLACHEN FL 32148

Name  
 FRANCISCO RIVERA  
 Street Address (P.O. Box Number is Not Acceptable)  
 114 BRANT ST

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Francisco Rivera*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/15/02

After September 13, 2002,  
 min. will be \$236.25.

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 P/D ☐ Change ☐ Addition  
 NAME ISMAEL AGOSTO  
 STREET ADDRESS 105 EAST MAIN ST  
 CITY-ST-ZIP WATERBERRY CT

TITLE VD ☒ Delete  
 NAME CRESPO, PEDRO  
 STREET ADDRESS 124 OAK VIEW  
 CITY-ST-ZIP INTERLACHEN FL 32148

TITLE VP ☐ Change ☐ Addition  
 NAME FRANCISCO RIVERA  
 STREET ADDRESS 114 BRANT ST  
 CITY-ST-ZIP INTERLACHEN FL 32148

TITLE SD ☒ Delete  
 NAME BERNARDINI, MYRIAM  
 STREET ADDRESS 107 PANAMA ST PO BOX 2071  
 CITY-ST-ZIP INTERLACHEN FL 32148

TITLE S/D ☐ Change ☐ Addition  
 NAME TEODORA RIVERA  
 STREET ADDRESS 114 BRANT ST  
 CITY-ST-ZIP INTERLACHEN FL 32148

TITLE SD ☒ Delete  
 NAME ORTIZ, ANILIA  
 STREET ADDRESS 240 VILLAGE LANE  
 CITY-ST-ZIP S MERIDEN CT

TITLE S/D ☐ Change ☐ Addition  
 NAME JUAN RODRIGUEZ  
 STREET ADDRESS 104 DUVAL ST, INTERLACHEN FL  
 CITY-ST-ZIP 32148

TITLE TD ☒ Delete  
 NAME OTERO, ANDRES  
 STREET ADDRESS 60 DIVISION AVE #20B  
 CITY-ST-ZIP BROOKLYN NY

TITLE T/D ☐ Change ☐ Addition  
 NAME LUZ M. RODRIGUEZ  
 STREET ADDRESS 104 DUVAL ST, INTERLACHEN FL  
 CITY-ST-ZIP 32148

TITLE D ☒ Delete  
 NAME RIVERA, FRANK  
 STREET ADDRESS P.O. BOX 774 WEBSTER AVE  
 CITY-ST-ZIP INTERLACHEN FL

TITLE T/D ☐ Change ☐ Addition  
 NAME RUBEN CASTILLO  
 STREET ADDRESS 82 LEWIS AVE  
 CITY-ST-ZIP MERIDEN, CT 06451

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 *Francisco Rivera* 8/15/02 (386) 684-1336

CR2E037 (4/02)