

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15200

1. Entity Name

IGLESIA CRISTIANA EL CAMINO, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90012 014 \*\*\*\*61.25

|  |  |
|--|--|
| Principal Place of Business            | Mailing Address                          |
| 200 NW 109 AVE<br>MIAMI FL 33172<br>US | 6767 Sunset Drive<br>MIAMI FL 33172-3320 |

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc.            | 6767 Sunset Drive  |
| City & State                   | City & State       |
|                                | South Miami -      |

|       |         |       |         |
|-------|---------|-------|---------|
| Zip   | Country | Zip   | Country |
| 33172 |         | 33172 | Florida |

|               |                |
|---------------|----------------|
| 4. FEI Number | Applied For    |
| 65-0090682    | Not Applicable |

|                                  |                                |
|----------------------------------|--------------------------------|
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/>         |                                |

|   |
|---|
| 6. Name and Address of Current Registered Agent |
| CARBONELL, CARLOS                               |
| 680 W. PARK DR., #204                           |
| MIAMI FL 33172                                  |

|  |
|--|
| 7. Name and Address of New Registered Agent        |
| 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                             |   |                                |  |
|-----------------------------|---|--------------------------------|--|
| FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make Check Payable to<br>Department of State |
|-----------------------------|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS |                                    |
|----------------------------|------------------------------------|
| TITLE                      | VD <input type="checkbox"/> Delete |
| NAME                       | MELENDEZ, OMAR                     |
| STREET ADDRESS             | 6541 W 14TH AVE                    |
| CITY-ST-ZIP                | HIALEAH FL                         |
| TITLE                      | SD <input type="checkbox"/> Delete |
| NAME                       | FERNANDEZ, RENE                    |
| STREET ADDRESS             | 15145 SW 142ND PLACE               |
| CITY-ST-ZIP                | MAIMI FL                           |
| TITLE                      | PD <input type="checkbox"/> Delete |
| NAME                       | CARBONELL, CARLOS                  |
| STREET ADDRESS             | 680 W PARK DR #204                 |
| CITY-ST-ZIP                | MIAMI FL                           |
| TITLE                      | TD <input type="checkbox"/> Delete |
| NAME                       | MELENDEZ, MARIA                    |
| STREET ADDRESS             | 6581 W 14 AVE                      |
| CITY-ST-ZIP                | HIALEAH FL                         |
| TITLE                      | <input type="checkbox"/> Delete    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY-ST-ZIP                |                                    |
| TITLE                      | <input type="checkbox"/> Delete    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY-ST-ZIP                |                                    |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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: Carlos Carbonell **REQUIRED** 2/6/00 305 668 8393 305 225 5491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)