

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91357 015 \*\*\*\*61.25

**DOCUMENT # N15200**

1. Entity Name  
**IGLESIA CRISTIANA EL CAMINO, INC.**



Principal Place of Business

**10855 SW 26 STREET  
MIAMI FL 33165  
US**

Mailing Address

**18095 SW 103 PLACE  
MIAMI FL 33157  
US**

2. Principal Place of Business

**7120 SW 30 Rd.**

3. Mailing Address

**16045 SW 103 PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

**Miami FL**

Zip

Country

**33155-**

Zip

Country

**33157**

**US**

4. FEI Number **65-0090682**

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

**CARBONELL CARLOS  
16045 SW 103 PL  
MIAMI FL 33157**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete  
NAME **FERNANDEZ, RENE**  
STREET ADDRESS **10931 SW 138 AVE**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **TD** ☐ Change ☒ Addition  
NAME **DIANA PERALTA**  
STREET ADDRESS **14677 SW 123 AV**  
CITY-ST-ZIP **Miami FL 33186**

TITLE **PD** ☐ Delete  
NAME **CARBONELL, CARLOS**  
STREET ADDRESS **16045 SW 103 PL**  
CITY-ST-ZIP **MIAMI FL 33157**

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

TITLE **TD** ☒ Delete  
NAME **MELENDEZ MARIA**  
STREET ADDRESS **6581 W 14 AVE**  
CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Carlos Carbonell* REC 4/22/03

305-971-7841

CR2E037 (10/02)