2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 13, 2000 8:00 am Secretary of State **DOCUMENT # N15847** 1. Entity Name IGLESIA CRISTO ROMPE LAS CADENAS DEL EVANGELIO C 04-13-2000 90087 004 ****61.25 Principal Place of Business Mailing Address 3899 N.W. 7TH STREET 3899 N.W. 7TH STREET SUITE 216 **SUITE 216** MIAMI FL 33126 MIAMI FL 33126-5551 2. Principal Place of Business 3. Mailing Address 25. m.n bb8C 3899 N.W. 784. Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For P 59-2693858 M KIM Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ABDO, GEORGE B. 3899 N.W. 7TH ST STE 216 MIAMI FL 33126 City 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 **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VS D Addition TITLE ☐ Delete TITLE Orlando J. Jiron ABDO, GEORGI B NAME NAME **CR2E037** 3203 Sw. 79 Ave. 764 STREET ADDRESS 410 S.W. 136TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33114 miami F1. 33155 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME CALVEIRO, JULIO NAME STREET ADDRESS STREET ADDRESS 5020 N.W. 188TH TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL --☐ Change Addition TITLE ۷Ŋ ☐ Delete TITLE NAME CASTELLON, RODOLFO NAME STREET ADDRESS STREET ADDRESS 235 E. 7TH STREET CITY-ST-7IP CITY-ST-ZIE HIALEAH FL 33012 STD ☐ Delete ☐ Change ☐ Addition TITLE TITLE DIAZ, GLADIS NAME NAME 1475 WEST 46TH STREET. APT. 537 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 TITI F VTD Delete Change Addition OTERO, OBED NAME STREET ADDRESS 965 SULTAN AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OPALOCKA FL 33054** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: SIGNATURE AND SIGNA