

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90163 002 ****61.25

DOCUMENT # N15847

1. Entity Name

**IGLESIA CRISTO ROMPE LAS CADENAS DEL EVANGELIO C
 OMPLETO, INC.**

Principal Place of Business

Mailing Address

**3899 N.W. 7TH STREET
 SUITE 216
 MIAMI FL 33126
 US**

**3899 N.W. 7TH STREET
 SUITE 216
 MIAMI FL 33126
 US**

00077043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2693858

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ABDO, GEORGE B.
 3899 N.W. 7TH ST STE 216
 MIAMI FL 33126**

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

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	<input type="checkbox"/> Delete
NAME	ABDO, GEORGI B	
STREET ADDRESS	410 S.W. 136TH PLACE	
CITY-ST-ZIP	MIAMI FL 33114	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CALVEIRO, JULIO	
STREET ADDRESS	5020 N.W. 188TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CASTELLON, RODOLFO	
STREET ADDRESS	235 E. 7TH STREET	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DIAZ, GLADIS	
STREET ADDRESS	1475 WEST 46TH STREET, APT. 537	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	OTERO, OBED	
STREET ADDRESS	965 SULTAN AVENUE	
CITY-ST-ZIP	OPALOCKA FL 33054	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	JIRON, ORLANDO J	
STREET ADDRESS	3803 SW 79 AVE #64	
CITY-ST-ZIP	MIAMI FL 33155	

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	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONS, GLADIS	
STREET ADDRESS	225 N.W. 32ND COURT	
CITY-ST-ZIP	MIAMI, FL. #33125	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTERO OBED	
STREET ADDRESS	10017 EASTERN LAKE	
CITY-ST-ZIP	AVE. #104 ORLANDO, FL. 32817	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIRON, ORLANDO J	
STREET ADDRESS	8650 SW 137 AVE RD	
CITY-ST-ZIP	MIAMI, FL. 33186	

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: *X*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

305-649-7444

Daytime Phone #

CR2E037 (9/01)