

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

FILED
Jun 27, 2003 8:00 am
Secretary of State

06-27-2003 90051 015 ****70.00

DOCUMENT # N15989

1. Entity Name
CENTRO EVANGELISTICO LA ROCA, INC.



Principal Place of Business

**5600 S.W. 135 AV
STE 104
MIAMI FL 33183
US**

Mailing Address

**9725 S.W. 85 STREET
C/O REV. DAVID BONILLA
MIAMI FL 33173**

2. Principal Place of Business

12395 S.W. 130 ST.

3. Mailing Address

Suite, Apt. #, etc.

#108

City & State

MIAMI, FL

City & State

Zip

Country

33186

Country

U.S.

4. FEI Number **65-0218835**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BONILLA, DAVID
9725 S.W. 85 STREET
MIAMI FL 33173**

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. 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

TITLE **D** ☒ Delete
NAME **SALGADO, EMILIO**
STREET ADDRESS **646 N W 114TH AVENUE APT 204**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **VP** ☐ Delete
NAME **CASTILLO, RAFAEL**
STREET ADDRESS **15300 SW 100 AVENUE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Delete
NAME **GARCIA, ELIZABETH**
STREET ADDRESS **4173 W 11TH LANE**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **S** ☐ Delete
NAME **PUERTAS, SANDRA**
STREET ADDRESS **1320 N.E. 131 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ Delete
NAME **GARCIA, MEDARDO**
STREET ADDRESS **4173 W. 11 LN**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D** ☐ Delete
NAME **RODRIGUEZ, OTTAVIANI**
STREET ADDRESS **4001 W 9 COURT**
CITY-ST-ZIP **HIALEAH FL 33012**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

[Signature] **REQUIRED**

6/27/03 305-274-5573

CR2037 (10/02)