

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-10-2001 90002 035 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23925

1. Entity Name

AGRUPACION ESPIRITA SEGUIDORES DE JESUS CORP.



Principal Place of Business

1095-A WEST 29TH STREET
 HIALEAH FL 33012

Mailing Address

1095-A WEST 29TH STREET
 HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0017916

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LOPEZ, JUAN M.
1855 W. 64 STREET
HIALEAH FL 33012

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

Juan M Lopez

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | LOPEZ, JUAN M. | |
| STREET ADDRESS | 1855 W. 64TH STREET | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LLERENA, JORGE | |
| STREET ADDRESS | 640 S.W. 64TH AVE. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | OTERO, ADA | |
| STREET ADDRESS | 2775 W. OKEECHOBEE RD. | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | LOPEZ, ELBA A. | |
| STREET ADDRESS | 1855 W 64 STREET #P11 | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VEIGA, ELENA | |
| STREET ADDRESS | 367 W. 34TH ST. | |
| CITY-ST-ZIP | HIALEAH FL | |
| 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:

SIGNATURE REQUIRED

Juan M Lopez

8-20-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2037 (5/01)