

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24664

1. Entity Name

IGLESIA MISIONERA PREGONEROS DE JUSTICIA DE FLORIDA, INC.

Principal Place of Business

860 SE 12TH STREET
HIALEAH FL 33010
US

Mailing Address

860 SE 12TH STREET
HIALEAH FL 33010
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDINA, REINALDO W.
5080 E. 9 LANE
HIALEAH FL 33013

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

7/3/02

After September 13, 2002,
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 NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA, REINALDO W. 5080 E. 9 LANE HIALEAH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA, MERCEDES 5080 E. 9 LANE HIALEAH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALARCON, JORGE 30 W 53TH TERRACE HIALEAH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALARCON, MARLETE 30 WEST 53TH TERRACE HIALEAH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLANOS, OFELIA 30 WEST 53TH TERRACE HIALEAH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALARCON, M. DOLORES 5080 E. 9 LANE HIALEAH FL	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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~~

7/3/02 786-236-1486

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90017 007 ***175.00



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)