## **2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N24664** 1. Entity Name

## IGLESIA MISIONERA PREGONEROS DE JUSTICIA DE FLOR IDA, INC.

Principal Place of Business	Mailing Address	
860 SE 12TH STREET HIALEAH FL 33010 US	860 SE 12TH STREET Hialeah Fl 33010 US	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del></del>
City & State	City & State	

**FILED** Jul 09, 2002 8:00 am Secretary of State 07-09-2002 90017 007 \*\*\*175.00

860 SE 12TH : HIALEAH FL 3 US		Mailing Address						
2. Principal F		860 SE 12TH STREET HIALEAH FL 33010 US		100   110   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100	8)¢ 8 678 8 1) \$ 6 111 8 83 8 811 8 81	}	<b>2</b> )  <b>0</b>   <b>0</b>  )	
	Principal Place of Business     Address     Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS :	SPACE		
City & Stat	City & State City & State		4. FEI Number Applied For					
		Ony di Cidio	· · · · · · · · · · · · · · · · · · ·		N. FEITIGINGE	OT APPLICABLE		ot Applicable
Zip	Country	Zip	Country				\$8.75 Ac	
	6. Name and Address of Curren	t Registered Agent	1		7. Name and Add	lress of New Registered		
			N:	ame				
MEDINA, F	reinaldo W.		St	treet Addres	s (P.O. Box Number is	Not Acceptable)		
5080 E. 9	LANE							
HIALEAH I	FL 33013		Ci	ity			Zip Coo	de .
9 The above	named antity submits this statement to	or the nurbace of chancing it		•		FL	·   '	
the obligat	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	s registerea of	mice or regis	stered agent, or both, in	the State of Florida. I am i	ramiliar with	, and accept
		Sec.				7/3	102	<u> </u>
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable (NO:	TF: Begistered Ager	nt eigneture regui	ired when reinstating)	DATE		
<del></del>			T. Hogistarou rigor	n signators requ		DATE		
	After September 13, 2002, min. will be \$236.25.	9. Election Ca Trust Fund	mpaign Finand Contribution	cing	\$5.00 May Be Added to Fees	Make Check Departmen		
<u>: ·</u> 10.	OFFICERS AND D	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AND DIF	RECTORS IN	J 10
TITLE •	D	☐ Delete	TITLE				☐ Change	Addition
NAME .	MEDINA, REINALDO W.		NAME					
STREET ADDRESS CITY-ST-ZIP	5080 E. 9 LANE  HIALEAH FL		STREET ADD					
TITLE	D D	□ Delete	TITLE	····			☐ Change	☐ Addition
NAME	MEDINA, MERCEDES	<u> </u>	NAME				ondange	
STREET ADDRESS	5080.E. 9 LANE		STREET ADD					
CITY-ST-ZIP	HIALEAH FL		CITY-ST-ZI	IP				
TITLE Name	D ALARCON, JORGE	Delete	TITLE NAME				Change	☐ Addition
	30 W 53TH TERRACE		STREET ADD	DRESS				ĺ
CITY-ST-Z!P	HIALEAH FL		CITY-ST-ZI	Р				
TITLE	D	☐ Delete	TITLE				Change	☐ Addition
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	30 WEST 53TH TERRACE HIALEAH FL		STREET ADD					
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STREET ADDRESS . CITY-ST-ZIP	1.7		HILE				Change	☐ Addition }
STREET ADDRESS . CITY-ST-ZIP TITLE	D Castellanos, Ofelia	□ Delete	NAME					
STREET ADDRESS . CITY-ST-ZIP TITLE NAME	CASTELLANOS, OFELIA	Li belote	NAME STREET ADD	ORESS				
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STREET ADDRESS . CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CASTELLANOS, OFELIA 30 WEST 53TH TERRACE HIALEAH FL D ALARCON, M. DOLORES		STREET ADD CITY-ST-ZH TITLE NAME	P			☐ Change .	Addition
STREET ADDRESS . CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CASTELLANOS, OFELIA 30 WEST 53TH TERRACE HIALEAH FL D		STREET ADD CITY-ST-ZH TITLE	P			☐ Change .	☐ Addition

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 eath; 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 Mat my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

3/02 786-236-1486