

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31255

1. Entity Name

IGLESIA CASA DE ALABANZA (LA CASA DE TODOS), INC

Principal Place of Business

3501 W. FLAGLER ST
MIAMI FL 33135
US

Mailing Address

C/O ROBERT CRUZ
PO BOX 527248
MIAMI FL 33152

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

65-0104410

Applied For

Not Applicable

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

CRUZ, ROBERT
9735 NW 51 TERR
MIAMI FL 33178

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, ROBERT 9735 NW 51 TERR MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRUZ, ROSE M 9735 NW 51 TERR MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRUZ, ROBERT JR 10015 NW 51 TERR MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORTIZ, CYNTHIA 9751 NW 51 LN MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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 persons empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

305-649-4407

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)