2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2001 8:00 am Secretary of State DOCUMENT # **N33857** 1. Entity Name 05-16-2001 90024 011 ****61.25 IGLESIA CONFRATERNIDAD, INC. Principal Place of Business Mailing Address 10251 S W 64TH ST 10251 S W 64TH ST 550440 **MIAMI FL 33173** MIAM! FL 33173 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0145695 Not Applicable _Zip Country _____ Country__ \$8.75 Additional 5. Certificate of Status Desired ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GUTIERREZ, PEDRO R 3845 SW 103 AVE **APT C212** Zip Code City **MIAMI FL 33165** FL 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) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DS ☐ Delete ☐ Addition TITLE TITI F CHAVEZ, VICTOR NAME NAME 12540 S.W. 6TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33184 ☐ Change ☐ Addition TITLE □ Delete TITLE RAMIREZ, ZULMA NAME NAME 9982 SW 162 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196 Delete ☐ Change ■ Addition TITLE RAMIREZ, MANUEL R NAME NAME 9982 SW 162TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196 ☐ Change TITLE Delete TITLE ■ Addition MONTERO, XAVIER NAME NAME 10035 SW 156THA VE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition ZEPEDA, LILY NAME NAME STREET ADDRESS 4800 NW 5TH DT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL מ TITLE **Delete** TITLE ☐ Change ☐ Addition BARRIA, ANDREA NAME

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.

STREET ADDRESS

CITY-ST-ZIP

12660 NW 7 LANE

MIAMI FL 33182

STREET ADDRESS

Fülma Ramina 04/2401 (301) 752-3896 SIGNATURE: