

61.25
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91594 036 ****75.00

0026740

DOCUMENT # N33857

1. Entity Name

IGLESIA CONFRATERNIDAD, INC.

Principal Place of Business

Mailing Address

10251 S W 64TH ST
 MIAMI FL 33173
 US

10251 S W 64TH ST
 MIAMI FL 33173
 US

2. Principal Place of Business

3. Mailing Address

Iglesia Confraternidad
 Suite, Apt. #, etc.

10251 SW 64th
 Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami Florida, Miami

Zip

Country

Zip

Country

33196

U.S.A.

33196

USA

4. FEI Number

65-0145695

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

7. Name and Address of New Registered Agent

GUTIERREZ, PEDRO R
3845 SW 103 AVE
APT C212
MIAMI FL 33165

Name *Juan Villavicencio*

Street Address (P.O. Box Number is Not Acceptable)

9900 S.W. 88 ST - Apt-K 301

City *Miami*

FL

Zip Code

33196

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

3-24-02

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	DS	<input type="checkbox"/> Delete
NAME	CHAVEZ, VICTOR	
STREET ADDRESS	12540 S.W. 6TH STREET	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RAMIREZ, ZULMA	
STREET ADDRESS	9982 SW 162 CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAMIREZ, MANUEL R.	
STREET ADDRESS	9982 SW 162TH CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONTERO, XAVIER	
STREET ADDRESS	10035 SW 156THA VE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZEPEDA, LILY	
STREET ADDRESS	4800 NW 5TH DT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paola Valbuena	
STREET ADDRESS	7480 S.W. 150 Ave. # 7	
CITY-ST-ZIP	Miami, FL 33195	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jaime Soto	
STREET ADDRESS	7473 S.W. 88th	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gustavo Bueno	
STREET ADDRESS	15219 S.W. 71 LN	
CITY-ST-ZIP	Miami, FL 33195	
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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/02 (305) 752-3896
 Date Daytime Phone #

CR2E037 (9/01)