

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

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

USA

33196

USA

4. FEI Number

65-0145695

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

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

33176

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.

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\$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**
 NAME **CHAVEZ, VICTOR**
 STREET ADDRESS **12540 S.W. 6TH STREET**
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE **D**
 NAME **Paola Valbuena**
 STREET ADDRESS **7480 S.W. 150 Ave. # 7**
 CITY-ST-ZIP **Miami, FL 33195**

TITLE **DT**
 NAME **RAMIREZ, ZULMA**
 STREET ADDRESS **9982 SW 162 CT**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE **D**
 NAME **Jaime Soto**
 STREET ADDRESS **7473 S.W. 88th**
 CITY-ST-ZIP **Miami, FL 33143**

TITLE **D**
 NAME **RAMIREZ, MANUEL R**
 STREET ADDRESS **9982 SW 162TH CT**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE **D**
 NAME **Gustavo Bueno**
 STREET ADDRESS **15219 S.W. 71 LN**
 CITY-ST-ZIP **Miami, FL 33195**

TITLE **D**
 NAME **MONTERO, XAVIER**
 STREET ADDRESS **10035 SW 156TH VE**
 CITY-ST-ZIP **MIAMI FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D**
 NAME **ZEPEDA, LILY**
 STREET ADDRESS **4800 NW 5TH DT**
 CITY-ST-ZIP **MIAMI FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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)