2001 UNIFORM BUSINESS REPORT (UBR)

May 29, 2001 8:00 am Secretary of State DOCUMENT # N35120 1. Entity Name 05-29-2001 90014 032 ****61.25 PRIMERA IGLESIA CRISTIANA DISCIPULOS DE CRISTO D Principal Place of Business Mailing Address 11990 SW 56TH STREET P.O. BOX 830786 771869 MIAMI FL 33183 MIAMI FL 33183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 05-1326192 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RODRIGUEZ, JUAN 9320 FONTAINEBLEAU BLVD., B-210 MIAMI FL 33172 Zip Code City 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 DATE (NOTI Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaigr Financing FILE NOW: **\$5.00** May Be П Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10 OG **X** Addition PD TITLE Change ☐ Delete DITLE Hugo Cautillo MONZON, ANGEL NAME NAME 13755 Sw 1575 t STREET ADDRESS STREET ADDRESS 15571 SW 42 LN liani FC 33177 CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33185** Change ☐ Addition Delete TITLE TITLE VD Honzon, Angel 15571 SW 42Ln NAME NAME SAEZ, NAHUM STREET ADDRESS STREET ADDRESS 12825 NW 10 LN Mia, FL_83185 CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL: 33182-☐ Change Addition ☐ Delete TITLE Victor Vazquez NAME NAME DELGADO, LUZ (Vice-Treesure) 11541 5: W 83 Tem. STREET ADDRESS STREET ADDRESS 6733 SW 140 AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 ☐ Addition Change TITLE Delete RODRIGUEZ, JUAN NAME STREET ADDRESS STREET ADDRESS 9320 FONTAINEBLEAU BLVD. B-210 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MORALES, SIXTO STREET ADDRESS STREET ADDRESS 15024 SW 130 CT. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 n y 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 impowered to be execute this report is 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 adors, with proposed.

SGN

SIGNATURE:

FILED