

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35546

1. Entity Name

IGLESIA CRISTIANA EMANUEL OF MONTURA, INC.

Principal Place of Business

136 AVENIDA DEL CLUB
P O BOX 2401
CLEWISTON FL 33440-9401

Mailing Address

136 AVENIDA DEL CLUB
P O BOX 2401
CLEWISTON FL 33440-6401

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

65-0166067

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

SANTANA, MIGUEL A
484 BALD CYPRESS
CLEWISTON FL 33440

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 D ☐ Delete
NAME LOPEZ, EVELIO
STREET ADDRESS STAR ROUTE 166 MONTURA A
CITY-ST-ZIP CLEWISTON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CALDERON, LUIS
STREET ADDRESS S.R. 832
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SANTANA, MIGUEL
STREET ADDRESS 705 PALOMINO
CITY-ST-ZIP CLEWISTON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SANTANA, AIDA
STREET ADDRESS 705 PALOMINO
CITY-ST-ZIP CLEWISTON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME QUINTANA, CANDIDO
STREET ADDRESS BALD CYPRESS (MONTURA)
CITY-ST-ZIP HIALEAH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LOPEZ, VICENTE
STREET ADDRESS 660 S JINETE
CITY-ST-ZIP CLEWISTON FL

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90046 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)