

# 2001 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 33440-9401

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  
After September 12, 2001, min. will be \$236.25

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

*Miguel A. Santana II*

7/15/01

(863) 983-2487

FILED  
Jul 24, 2001 8:00 am  
Secretary of State

07-24-2001 90001 044 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)