

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90191 046 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N35546

1. Entity Name

IGLESIA CRISTIANA EMANUEL OF MONTURA, INC.

Principal Place of Business

Mailing Address

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

4. FEI Number

65-0166067

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
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

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-ZIPTITLE **D** ☐ Delete
NAME **CALDERON, LUIS**
STREET ADDRESS **S.R. 832**
CITY-ST-ZIP **CLEWISTON FL 33440**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SANTANA, MIGUEL**
STREET ADDRESS **705 PALOMINO**
CITY-ST-ZIP **CLEWISTON FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SANTANA, AIDA**
STREET ADDRESS **705 PALOMINO**
CITY-ST-ZIP **CLEWISTON FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **QUINTANA, CANDIDO**
STREET ADDRESS **BALD CYPRESS (MONTURA)**
CITY-ST-ZIP **HIALEAH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **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 of 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: **RECEIVED**

MIGUEL SANTANA

7/01/02

(863) 983-2487

CR2E037 (4/02)