


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

000666

DOCUMENT # N37583

1. Entity Name
CHRISTIAN CONGREGATION IN THE UNITED STATES. INC



FILED
03 AUG -5 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business 1451 NE 161ST ST N. MIAMI BEACH FL 33162 US		Mailing Address 1451 NE 161ST ST N. MIAMI BEACH FL 33162 US	
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 65-0192386	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BARRETO, ROBERTO J
2280 NE 203 TERR
MIAMI FL 33180**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ State **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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	CD BARRETO, ROBERTO	<input type="checkbox"/> Delete
NAME	2280 NE 203 TERR	
STREET ADDRESS	MIAMI FL 33180	
CITY-ST-ZIP		
TITLE	SD SPINA, MIGUEL L.	<input type="checkbox"/> Delete
NAME	17500 N BAY ROAD #801	
STREET ADDRESS	N MIAMI BEACH FL 33160	
CITY-ST-ZIP		
TITLE	T LAMARDO, J. ADOLFO	<input type="checkbox"/> Delete
NAME	17600 N BAY ROAD #902	
STREET ADDRESS	N. MIAMI BEACH FL 33160	
CITY-ST-ZIP		
TITLE	D ANGEL, CARLOS	<input type="checkbox"/> Delete
NAME	6870 NW 29TH CT	
STREET ADDRESS	POMPANO BEACH FL 33063	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000022293340	
STREET ADDRESS	08/13/03--01072--020 **\$61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000022293340	
STREET ADDRESS	08/13/03--01072--021 **\$8.75	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *SECRETARY SPINA MIGUEL L.* **July 31st/03** 305-354-2781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (4/03)