

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37943

1. Entity Name

IGLESIA CRISTIANA SEGUNDA EL FARO, INC.

Principal Place of Business

Mailing Address

HC 61, BOX 436
CLEWISTON FL 33440

HC 61, BOX 436
CLEWISTON FL 33440-9761

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

65-0194756

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

IRIZARRY, LUCILLE
HC 61, BOX 436
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	PD	<input type="checkbox"/> Delete
NAME	IRIZARRY, LUCILLE REV	
STREET ADDRESS	2273 WALTON AVENUE	
CITY-ST-ZIP	BRONX NY 10453	
TITLE	SD	<input type="checkbox"/> Delete
NAME	IRIZARRY, MANUEL	
STREET ADDRESS	2273 WALTON AVENUE	
CITY-ST-ZIP	BRONX NY 10453	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VIRVET, BIENVENIDO	
STREET ADDRESS	HC 61, BOX 436	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2000

1941
983-4980
Daytime Phone #

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90068 001 ****66.25
03-09-2000 90068 002 ****8.75



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)