

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

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90153 036 ****75.00

DOCUMENT # **N38914**

1. Entity Name

ST. PETER'S EVANGELICAL LUTHERAN CHURCH OF MIAMI



Principal Place of Business

Mailing Address

**3360 WEST FLAGLER STREET
MIAMI FL 33135
US**

**3360 WEST FLAGLER STREET
MIAMI FL 33135
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **05-0032978**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORTADA, JORGE REV
3360 WEST FLAGLER STREET
MIAMI FL 33135**

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)

JORGE A. CORTADA (Pastor)

07/22/03

(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.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
NAME **LOZANO, MIGDALIA**
STREET ADDRESS **150 NW 33 AVE**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **P** Change Addition
NAME **PADRON, ROBERTO**
STREET ADDRESS **11951 SW 6 ST.**
CITY-ST-ZIP **MIAMI, FL 33184**

TITLE **DV** Delete
NAME **EACHEVERRIA, FELIX**
STREET ADDRESS **1225 SW 107 AVE, PALMER HOUSE**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **DV** Change Addition
NAME **CHAVEZ, JORGE**
STREET ADDRESS **2656 JOHNSON ST.**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE **SD** Delete
NAME **MUINA, EDUARDO**
STREET ADDRESS **6831 SW 2ND ST**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **COMAS, JOSE**
STREET ADDRESS **10854 SW 88 ST APT 409**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Rev. Jorge A. Cortada

(07/22/03)

145-0626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (4/03)

0007687