

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

06-08-2001 90160 033 \*\*\*\*61.25

**DOCUMENT #**

1. Entity Name *N 43147* ✓  
*IGLESIA CRISTIANOS UNIDOS INC.*

Principal Place of Business *2255 W. FLASIER MIAMI, FL 33135*  
 Mailing Address *P.O. Box 470534 MIAMI, FL 33247*

**554168**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number *65-0281972* Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
*TORRES, ELTA P.*  
*2255 W. FLASIER*  
*MIAMI, FL 33135*

7. Name and Address of New Registered Agent  
 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 *Elta Torres* *ELTA P. TORRES 5/5/01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees  
**FILE NOW: FEE IS \$61.25** **Make Check Payable to Department of State.**

**10. OFFICERS AND DIRECTORS**

TITLE	<i>P/T/O</i>	<input type="checkbox"/> Delete
NAME	<i>TORRES, ELTA P.</i>	
STREET ADDRESS	<i>2255 W. FLASIER</i>	
CITY - ST - ZIP	<i>MIAMI, FL 33135</i>	
TITLE	<i>S/O</i>	<input type="checkbox"/> Delete
NAME	<i>PAOILLA, MASSIEL</i>	
STREET ADDRESS	<i>211 SW 18 AVE APT 4</i>	
CITY - ST - ZIP	<i>MIAMI FL 33135</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		
STREET ADDRESS		
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		
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 *Elta P. Torres* *Elta P. Torres*

CR2E037 (11/00)