

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90240 008 \*\*\*\*61.25

**DOCUMENT # N43147**

1. Entity Name

**IGLESIA CRISTIANOS UNIDOS INC.**

Principal Place of Business

Mailing Address

**2255 W. FLAGLER  
 MIAMI FL 33135  
 US**

**P.O BOX 470534  
 MIAMI FL 33247  
 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

**65-0281972**

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

**TORRES, ELTA P  
 2255 W. FLAGLER  
 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.

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 NAME **PTD TORRES, ELTA P.** " D "  Delete  
 STREET ADDRESS **2255 W FLAGLER**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **SD PADILLA, MASSIEL** " T "  Delete  
 STREET ADDRESS **211 SW 18 AVE, APT 4**  
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **SD PADDILLA, MASSIEL**  Delete  
 STREET ADDRESS **211 SW 18 AVE APT 4**  
 CITY-ST-ZIP **MIAMI FL**

TITLE NAME **SD GUARDADO, NORMA** " T "  Change  Addition  
 STREET ADDRESS **225 SW 18 COURT, APT # 4**  
 CITY-ST-ZIP **MIAMI FL, 33135.**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 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 REQUIRED**

*ELTA TORRES*  
 Presio.

*1/24/02 (305) 637-1421*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2002 (B/01)