

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

0034159

**DOCUMENT # N93000000776**

1. Entity Name

**IGLESIA CONFRATERNIDAD CRISTIANA DE LEISURE CITY**

05-03-2001 91007 005 \*\*\*\*70.00

Principal Place of Business

Mailing Address

29501 SW 152ND AVE  
 LEISURE CITY FL 33033

29501 SW 152ND AVE  
 LEISURE CITY FL 33033

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0145695

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, REV. ALVARO**  
**29501 SW 152ND AVE**  
**LEISURE CITY FL 33033**

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	OMANO, MISAEL	2616 SE 21 CT	HOMESTEAD FL 33035	<input type="checkbox"/>
D	CREIXELL, JOSE	15300 SW 297 ST	HOMESTEAD FL 33033	<input checked="" type="checkbox"/>
T	GOMEZ, ELVIRA J	14820 SW 927 ST	HOMESTEAD FL 33033	<input type="checkbox"/>
S	HERNANDEZ, PATRICIA	10515 SW 216 ST APT #G	MIAMI FL 33190	<input checked="" type="checkbox"/>
D	RIVERA, MADELINE	17720 SW 112 AVE	MIAMI FL 33157	<input checked="" type="checkbox"/>
D	PARRILLA, MAGDA	14024 SW 281 TERR	HOMESTEAD FL 33033	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	RAFAELA CABALLERO	20911 SW 118 PL.	MIAMI, FL 33177	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MARIA ASPURO	3001 SW 149 CT.	HOMESTEAD, FL 33033	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MILAGROS MOJICA	29720 SW 158 PL	HOMESTEAD, FL 33033	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ANGEL LUIS MARQUEZ	30041 SW 154 AVE.	HOMESTEAD, FL 33033	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	PENELOPE ROSARIO	15730 SW 306 TERR.	HOMESTEAD, FL 33033	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	ELSA RIVERA	30234 SW 161 AVE.	HOMESTEAD, FL 33033	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 REMANUEDOMANA  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-01

Date Daytime Phone #

CR2E037 (10/00)