

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90007 048 ****61.25

DOCUMENT # N93000002264

1. Entity Name
IGLESIA CATOLICA APOSTOLICA AMERICANA INC.

R

Principal Place of Business 701 E 4 AVENUE HIALEAH FL 33010	Mailing Address 701 E 4 AVENUE HIALEAH FL 33010
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DO NOT WRITE IN THIS SPACE

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 31-1610039	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAMARCO MELO, JOSE
701 E 4TH AVENUE
HIALEAH FL 33010

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELO, MONS. JOSE C 481 E. 7TH STREET HIALEAH FL 33010	<input type="checkbox"/> Delete
	VD BARAJAS, MONS. JOSE R 481 E. 7TH STREET HIALEAH FL 33010	<input type="checkbox"/> Delete
	T MARTINEZ, FR. TARCISIO A 481 E. 7TH STREET HIALEAH FL 33010	<input checked="" type="checkbox"/> Delete
	SD ORTA, FRAY R 4709 NW 7TH STREET, #107 MIAMI FL 33126	<input checked="" type="checkbox"/> Delete
	AS MOTTE, FRAY O 481 E. 7TH STREET HIALEAH FL 33010	<input type="checkbox"/> Delete
	D VEGA, ESTEBAN L 481 E. 7TH STREET HIALEAH FL 33010	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 07/08/00

CR2E037 (5/00)