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

Apr 04, 2003 8:00 am § Secretary of State DOCUMENT # N93000002711 04-04-2003 90114 040 ****70.00 IGLESIA CRISTINA TESALONICA, INC. Principal Place of Business Mailing Address 400 N. 35TH AVENUE P.O. BOX 6636 HOLLYWOOD FL 33021 HOLLYWOOD FL 33081 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0517163 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, RUBEN Street Address (P.O. Box Number is Not Acceptable) 2519 SCOTT STREET HOLLYWOOD FL 33020 Zip Code 39 00 4 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 agg SIGNATURE Signature, typed or printed name of registered ent and title (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 G Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete Addition TITLE ☐ Change PEREZ, RUBEN NAME NAME STREET ADDRESS 309 S.E. 2ND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DANIA FL 33004 ۷D TITLE Delete TITLE ☐ Change ☐ Addition PEREZ, SARA NAME NAME 309 S.E. 2ND, AVE ____ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DANIA FL 33004 TD Addition TITLE ☐ Delete TITLE Change 1 vazquez, lydia NAME NAME 1620 NW 128th Dr. Apt. 101 15200 NW-128 DR., APT 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323 CD ☐ Delete TITLE Addition TITLE vazquez, santos NAME NAME 128th Da STREET ADDRESS 1520 NW 128 DR., APT 202 STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME treet N. Unit STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 otherwise empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED