

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002303

1. Entity Name

IGLESIA CENTRO DE FE, INC.

Principal Place of Business

29800 SW 153 CT
LEISURE CITY FL 33033

Mailing Address

29800 SW 153 CT
LEISURE CITY FL 33033

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

65-0562067

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, FRANCISCO
15623 SW 297 TERRACE
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 PD
NAME TORRES, FRANCISCO
STREET ADDRESS 15623 SW 297TH TERRACE
CITY-ST-ZIP LEISURE CITY FL 33033 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME PEREZ, JUANA L
STREET ADDRESS 15200 SW 184 STREET
CITY-ST-ZIP MIAMI FL 33187 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME TORRES, JOSE S
STREET ADDRESS 15200 SW 184 STREE
CITY-ST-ZIP MIAMI FL 33187 ☐ Delete

TITLE TD
NAME Perez, Jose S
STREET ADDRESS 15200 SW 184 Street
CITY-ST-ZIP Miami, FL 33187 ☒ Change ☐ Addition

TITLE D
NAME ROSA, ENRIQUE
STREET ADDRESS 14440 SW 295 STREET
CITY-ST-ZIP LEISURE CITY FL 33033 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME TABILO, CESAR
STREET ADDRESS 20201 SW FRANS ROAD
CITY-ST-ZIP MIAMI FL 33089 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME Euceda, Jose C.
STREET ADDRESS 14535 SW 297 Terrace
CITY-ST-ZIP Leisure City, FL 33033 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 line empowered.

SIGNATURE: *Francisco Torres* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

Daytime Phone #

CR2E037 (9/01)