

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90384 005 ****70.00

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



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **EUCEDA, JOSE C**
STREET ADDRESS **14535 SW 297 TERR**
CITY-ST-ZIP **LEIMUE CITY FL 33033**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: **Francisco Torres** (FRANCISCO TORRES) PD

01-28-03 305-242-3616

CR2E037 (10/02)