

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003103

1. Entity Name

IGLESIA CRISTIANA CASA DE MISERICORDIA, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90161 045 ****70.00

Principal Place of Business

Mailing Address

12395 SW 130 ST

107-101

MIAMI FL 33186

US

12395 SW 130 ST

107-101

MIAMI FL 33186-6207

US

2. Principal Place of Business

12395 SW 130 ST

3. Mailing Address

12395 SW 130 ST

Suite, Apt. #, etc.

107-108

City & State

MIAMI, FL

Suite, Apt. #, etc.

107-108

City & State

MIAMI, FL

Zip

33186

Country

US

Zip

33186

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0500119

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COUCH, LAWRENCE M

15025 SW 141 CT

MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

ANTONIO TORRES

Street Address (P.O. Box Number is Not Acceptable)

15831 SW 154 AVENUE

City

MIAMI

FL

Zip Code

33187

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	COUCH, LAWRENCE M	
STREET ADDRESS	15025 SW 141 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TORRES, ANTONIO	
STREET ADDRESS	15831 SW 154 AVENUE	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	DT	<input type="checkbox"/> Delete
NAME	OGLIVIE, OSCAR	
STREET ADDRESS	1005 SW 94TH CT	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ARBOLEDA, PATRICIA	
STREET ADDRESS	11272 SW 159 PLACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lawrence M. Couch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/00

Date

305-718-2602

Daytime Phone #

CR2E037 (9/99)