# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 27, 2001 8:00 am**
**Secretary of State**
06-27-2001 90004 014 ****70.00

DOCUMENT # N94000003103

1. Entity Name

IGLESIA CRISTIANA CASA DE MISERICORDIA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 12395 SW 130 ST<br>107-108<br>MIAMI FL 33186<br>US | 12395 SW 130 ST<br>107-108<br>MIAMI FL 33186<br>US |

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 65-0500119 ☐ 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, ANTONIO<br>15831 SW 154 AVENUE<br>MIAMI FL 33187 | Name MARIO DANIEL ESTRADA<br>Street Address (P.O. Box Number is Not Acceptable)<br>11515 S.W. 172 TERRACE<br>City MIAMI FL. FL Zip Code 33157 |

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 Estrada 4/27/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>TORRES, ANTONIO<br>15831 SW 154 AVENUE<br>MIAMI FL 33187 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>OGLIVIE, OSCAR<br>1005 SW 94TH CT<br>MIAMI FL 33174 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>ARBOLEDA, PATRICIA<br>11272 SW 159 PLACE<br>MIAMI FL 33196 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER - SECRETARY<br>PATRICIA ARBOLEDA<br>11272 S.W. 159TH PLACE<br>MIAMI, FL 33196. | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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: [illegible] Secretary, Treasurer 4/27/01 305 279-1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #