

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90306 036 \*\*\*\*\*70.00

**DOCUMENT # N94000003103**

1. Entity Name

**IGLESIA CRISTIANA CASA DE MISERICORDIA, INC.**



Principal Place of Business

**12395 SW 130 ST  
107-108  
MIAMI FL 33186  
US**

Mailing Address

**12395 SW 130 ST  
107-108  
MIAMI FL 33186  
US**

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

**ESTRADO, MARIO DANIEL  
11515 SW 172ND TERRACE  
MIAMI FL 33157**

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 the 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 **DT** ☐ Delete  
NAME **ARBOLEDA, PATRICIA**  
STREET ADDRESS **11272 SW 159 PLACE**  
CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE **VPDV** ☐ Delete  
NAME **MOLLESA, CONRADO**  
STREET ADDRESS **5800 SW 90 CT**  
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Change ☐ Addition  
NAME **MOLLESA, CONRADO**  
STREET ADDRESS **(CORRECTION TO LAST NAME)**  
CITY-ST-ZIP

TITLE **DS** ☐ Delete  
NAME **SENSIDA, ANA G**  
STREET ADDRESS **8500 SW 2ND STREET**  
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Change ☐ Addition  
NAME **SENSIDA, ANA**  
STREET ADDRESS **(CORRECTION TO LAST NAME)**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**Patricia Arboleda**

**4/24/03 305-278-7220**

CR2E037 (10/02)