2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 02, 2000 08:00 AM DOCUMENT # N9400004329 1. Entity Name **Secretary of State** CENTRO EVANGELISTICO CRISTIANO, INC. Principal Place of Business Mailing Address 825 HOWARD ST 825 HOWARD ST CLEARWATER CLEARWATER FL FL. 34616 34616 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3268700 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VIZCAY VIZCAY 2211 CORONADA WAY S Street Address (P.O. Box Number is Not Acceptable) 5860 70TH AVE N. ST. PETERSBURG FLCity Zip Code ST. PETERSBURG 33781 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 PABLO VIZCAY 07/02/2000 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) ญ็หญ่≥าเก็ ก็เรียกได้ FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate VD TITLE VD ☐ Addition NAME MERCADO EUNICE NAME MERCADO FUNICE STREET ADDRESS 5121 13TH AVE. S. STREET ADDRESS 5860 70TH AVE N. CITY-ST-ZIP CITY-ST-7IP GULFPORT \mathbf{FL} 33707 GULFPORT FL33781 TITLE VD ☐ Delete VD | Change ☐ Addition NAME NAME VIZCAY VIZCAY FLOR FLOR STREET ADDRESS 2211 CORONADA WAY S STREET ADDRESS 5860 70TH N. CITY-ST-ZIP ST. PETERSBURG 33712 CITY-ST-ZIP ST. PETERSBURG 33712 TITLE ☐ Delete TITLE PΠ X Change Addition NAME NAME VIZCAY **PABLO** VIZCAY PABLO STREET ADDRESS 2211 CORONADA WAY S STREET ADDRESS 5860 70TH AVE. CITY-ST-ZIP CITY-ST-7iP ST. PETERSBURG FL. 33712 ST. PETERSBURG \mathbf{FL} 33712 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAR/F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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^{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.