

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-10-2001 90006 047 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000004329			
1. Entity Name CENTRO EVANGELISTICO CRISTIANO ASSEMBLY OF GOD, INC.			
Principal Place of Business		Mailing Address	
845 Woodlawn St Suite, Apt. #, etc. Clearwater, FL 33756 City & State		P.O. Box 613 Suite, Apt. #, etc. Largo, FL 33779 City & State	
4. FEI Number 59-3268700	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		
VIZCAY, PABLO 5860 70TH AVE N PINELLAS PARK, FL 33781	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.			
SIGNATURE Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when releasing)			
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 '01	
TITLE NAME: D STREET ADDRESS: CITY-ST-ZIP:	PRESIDENT ☐ Delete PABLO VIZCAY 5860 70TH AVE N PINELLAS PARK, FL. 33781 ☐ Delete	TITLE NAME: D STREET ADDRESS: CITY-ST-ZIP:	☒ Change ☐ Addition PINELLAS PARK, FL. 33781
TITLE NAME: STREET ADDRESS: CITY-ST-ZIP:	SECRETARY ☐ Delete YENNY VIZCAY 5860 70TH AVE N PINELLAS PARK, FL. 33781	TITLE NAME: D STREET ADDRESS: CITY-ST-ZIP:	☒ Change ☐ Addition PINELLAS PARK, FL. 33781
TITLE NAME: STREET ADDRESS: CITY-ST-ZIP:	TREASURER ☐ Delete JOSUE A VIZCAY 5860 70TH AVE N PINELLAS PARK, FL. 33781	TITLE NAME: D STREET ADDRESS: CITY-ST-ZIP:	☒ Change ☐ Addition PINELLAS PARK, FL. 33781
TITLE NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

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: *Pablo Vizcay* **7/6/01** **727-533-9112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (1/00)