FILED UNIFORM BUS LESS REPORT (UBR) May 02, 2000 8:00 am Secretary of State UMENT # N95000001056 05-02-2000 90063 049 ****61.25 CRISTO REY Y SENOR ASSEMBLIES OF GOD CORP. Principal Place of Business Mailing Address C0079152 2447 S.W. 11 STREET 752 W FLAGLER ST MIAMI FL 33135-4807 STE 206 MIAMI FL 33130 2. Principal Place of Business 3. Mailing Address S.W. 9 St. 2552 sa<u>me</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0554044 1ia M Not Applicable Country Zip \$8.75 Additional Country Zip 5. Certificate of Status Desired 33135 Fee Required DAde 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GARCIA, MARIA G 2447 S.W. 11 STREET MIAMI FL 33135 Zip Code **33/35** 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. Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Delete TITLE TITLE NAME NAME RIVERAR, ANGEL D STREET ADDRESS STREET ADDRESS 1030 N.E. 139TH STRETE CDY-ST-7IP CITY-ST-7IP <u>n. Miami Fl</u> ☐ Delete TITLE Change TITLE NAME CORADO, MARIO STREET ADDRESS STREET ADDRESS 1258 SW 3 ST, APT 2 CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33135 TITLE Delete TITLE Change GARCIA, JAIME H NAME NAME STREET ADDRESS STREET ADDRESS 2447 SW 11TH ST CITY-ST-ZIP CITY-ST-ZIP MIAM) FL 33135 ☐ Delete Change \square TITLE TITLE NAME NAME GARCIA, MARIA G STREET ADDRESS STREET ADDRESS 2447 SW 11TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMLEL. \Box . ☐ Change TITLE Delete TITLE NAME NAME GARCIA, MIGUEL STREET ADDRESS STREET ADDRESS 11510 SW 185 TERR DITY-ST-ZIP

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^{12.} It 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 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 do 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 Electrical statutes. changed, or on an attachment with an address, with all other like empowered 305