

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

FILED

**Apr 04, 2003 8:00 am
Secretary of State**

04-04-2003 90152 009 *****61.25

DOCUMENT # N95000001056

1. Entity Name
CRISTO REY Y SENOR ASSEMBLIES OF GOD CORP.



Principal Place of Business

**752 W FLAGLER ST
STE 206
MIAMI FL 33130
US**

Mailing Address

**8810 S.W. 19TH STREET
MIAMI FL 33165**

2. Principal Place of Business
same as above

3. Mailing Address
same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0554044**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**GARCIA, MARIA G
8810 S.W. 19TH STREET
MIAMI FL 33165**

Name **Maria G. Garcia**
Street Address (P.O. Box Number is Not Acceptable)
8810 S.W. 19 St.
City **Miami** **FL** Zip Code **33165**

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 registered agent.

SIGNATURE *Maria G. Garcia*
Signature, typed or printed name of registered agent and title if applicable.

Maria G. Garcia (Secretary)
(NOTE: Registered Agent signature required when reinstating)

4-1-03
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 NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, HECTOR S 1000 S.W. 104 CT. #D-109 MIAMI FL 33174	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORADO, MARIO 2640 N.W. 29TH AVENUE MIAMI FL 33142	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA, JAIME H 8810 S.W. 19TH STREET MIAMI FL 33165	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA, MARIA G 8810 S.W. 19TH STREET MIAMI FL 33165	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	same	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	same	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	same	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: *Maria G. Garcia* **4-1-03 Secretary**

CR2E037 (10/02)