2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

ddress, with all other like empowered

FILED DOCUMENT # N9500001727 Mar 17, 2000 8:00 am 1. Entity Name **Secretary of State** IGLESIA CRISTIANA VERBO DE MIAMI, INC. 03-17-2000 90029 011 ****61.25 Principal Place of Business Mailing Address 7307 NW 8/ST P.O. BOX 440860 MIAMI PL 33126 MIAMI FL 33144-0860 2. Principal Place of Business 3. Mailing Address 733<u>0 NW</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Miami 65-0573852 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3126 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) INTRASTATE REGISTERED AGENT CORPORATION 1916 SOUTH CENTRAL AVENUE LAKELAND FL 33803 Zip Code City FL 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE (X) Change Addition ☐ Delete TITLE Jose DE LA GUARDIA NAME NAME DE LA GUARDIA, JOSE 7330 NW 8 ST STREET ADDRESS STREET ADDRESS 980 S.W. 82ND AVENUE Miami, FL. 331 CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI FL 33144 </u> MOJICA, RICARDO Change ☐ Addition ☐ Delete TITLE TITLE D NAME 6029 sw 147 CT NAME DE LA PENA. WILFREDO STREET ADDRESS STREET ADDRESS 980 S.W. 82ND AVENUE Hiami - FL. 33193 CITY-ST-ZIP CITY-\$T-ZIP MIAMI FL 33144 DE LA PEÑA, WILFREDO Addition ☐ Delete TX Change TITLE TITLE NAME MOJICA, RICARDO NAME 7330 NW 8 ST STREET ADDRESS STREET ADDRESS 980 S.W. 82ND AVENUE miami FL 33126 CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33144 ☐ Change Addition TITLE Delete DITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 of 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

305)261-550