

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90089 001 ****61.25
 05-23-2000 90089 002 ****8.75
 05-23-2000 90089 003 ****8.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # N95000001769
 1. Entity Name
IGLESIA NOROESTE DE BROWARD - PROYECTO DE EDUCAC

Principal Place of Business Mailing Address
1420 INDIAN TRACE 1420 INDIAN TRACE
WESTON FL 33326 WESTON FL 33326-2771

2. Principal Place of Business 3. Mailing Address
1420 INDIAN TRACE SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.
N/A N/A

City & State City & State
WESTON FLORIDA

Zip Country Zip Country
33326 U.S.

4. FEI Number Applied For
65-0590484 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CASTILLO, JOSE D
16207 SADDLE CLUB ROAD #203
WESTON FL 33326

7. Name and Address of New Registered Agent
 Name **CASTILLO, JOSE D.**
 Street Address (P.O. Box Number is Not Acceptable)
16207 SADDLE CLUB RD.
BLDG #2 APT #203
 City State Zip Code
WESTON FL 33326

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: *Jose D. Castillo* **JOSE D. CASTILLO C.E.O. & PASTOR.** **5-1-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO, JOSE D 16207 SADDLE CLUB RD., #203 WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSE CASTILLO (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition 16207 SADDLE CLUB WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAZMINO, EUNISE 21361 NW 39TH AVE. MIAMI FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIERA, EUNISE (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition 21361 N.W. 39TH AVE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALCEDO, EVARISTO 613 S.W. 76 ST NORTH LAUDERDALE FL 33368 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SALCEDO, EVARISTO (S.) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 613 S.W. 76 ST N. LAUDERDALE, FL 33368
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHROVIMPHA, MARCELLA 13731 NEW YORK MANOR DAVIE FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHROVIMPHA, MARCELLA (T) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13731 NEW YORK MANOR DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *MANAJOSE DIE CASTILLO* **5-1-00** **954-389-5708**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CRE037 (9/99)