

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90351 001 ****61.25
 04-02-2001 90351 002 ****8.75

DOCUMENT # N95000001769

1. Entity Name*

IGLESIA NOROESTE DE BROWARD - PROYECTO DE EDUCAC

Principal Place of Business

Mailing Address

1420 INDIAN TRACE
 WESTON FL 33326

1420 INDIAN TRACE
 WESTON FL 33326

2. Principal Place of Business

1087 SHOTGUN RD

Suite, Apt. #, etc.

3. Mailing Address

1087 SHOTGUN RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SUNRISE, FL

City & State
SUNRISE, FL

4. FEI Number

65-0590484

Applied For

Not Applicable

Zip
33326

Country **USA**
BROWARD

Zip
33326

Country
USA

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

CASTILLO, JOSE D
16207 SADDLE CLUB ROAD #203
WESTON FL 33326

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

JOSE DAVID CASTILLO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-01

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 Delete
 NAME **D CASTILLO, JOSE D**
 STREET ADDRESS **16207 SADDLE CLUB RD., #203**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE Change Addition
 NAME **C.RO. CASTILLO, JOSE D.**
 STREET ADDRESS **16207 SADDLE CLUB RD #203**
 CITY-ST-ZIP **WESTON, FL 33326**

TITLE Delete
 NAME **D PAZMINO, EUNISE**
 STREET ADDRESS **21361 NW 39TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE Change Addition
 NAME **SECRETARY. JESUS CORREJEN**
 STREET ADDRESS **1087 SHOTGUN RD**
 CITY-ST-ZIP **SUNRISE, FL 33326**

TITLE Delete
 NAME **D SALCEDO, EVARISTO**
 STREET ADDRESS **613 S.W. 76 ST**
 CITY-ST-ZIP **NORTH LAUDERDALE FL 33368**

TITLE Change Addition
 NAME **SUPERVISOR SALCEDO, EVARISTO**
 STREET ADDRESS **613 S.W. 76 ST**
 CITY-ST-ZIP **N. LAUDERDALE, FL 33068**

TITLE Delete
 NAME **S PHROVIMPHA, MARCELLA**
 STREET ADDRESS **13731 NEW YORK MANOR**
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE Change Addition
 NAME **TRAGAPUR PHROVIMPHA MARCELLA**
 STREET ADDRESS **13730 MANOR DR**
 CITY-ST-ZIP **DAVIE, FL 33325**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **REBECA SALAS FUND RAISER**
 STREET ADDRESS **1087 SHOTGUN RD**
 CITY-ST-ZIP **WESTON, FL 33326**
SUNRISE

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **COMMUNITY LIAISON JOHN FOSSA**
 STREET ADDRESS **1087 SHOTGUN RD**
 CITY-ST-ZIP **SUNRISE, FL 33326**

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:

SIGNATURE JOSE DAVID CASTILLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-01

CR2E037 (10/00)