

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Oct 02, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90718 010 \*\*\*\*61.25

**DOCUMENT # N95000001769**

1. Entity Name

**IGLESIA NOROESTE DE BROWARD - PROYECTO DE EDUCACION CRISTIANA DEWESTON, INC.**

Principal Place of Business

Mailing Address

1087 SHOTGUN RD  
 SUNRISE FL 33326

1087 SHOTGUN RD  
 SUNRISE FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0590484**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Jose D. Castillo**

**9-29-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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	CEO CASTILLO, JOSE D 16207 SADDLE CLUB RD., #203 WESTON FL 33326	<input type="checkbox"/> Delete
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	SD SALCEDO, EVARISTO 613 S.W. 76 ST NORTH LAUDERDALE FL 33368	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHROVIMPHA, MARCELLA 13730 MANOR DR SUNRISE FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F SALAS, REBECA 1087 SHOTGUN RD FORT LAUDERDALE FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CL FOSSA, JOHN 1087 SHOTGUN RD SUNRISE FL 33326	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSE CASTILLO C.E.O 16207 SADDLE CLUB RD #203 WESTON, FL 33326	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D (DIRECTOR) VIERA, EUNISE 21361 NW 39TH AVE MIAMI, FL 33055	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SALCEDO, EVARISTO 2490 N.W. 4200 CT - COGNET CREEK, FL (DIRECTOR)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SALAS, REBECA 1087 SHOTGUN RD SUNRISE, FL 33326	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**SIGNATURE REVISED**

**CASTILLO**

**9-30-02**

CR2E037 (4/02)