

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90140 036 ****70.00

DOCUMENT # N95000001769

1. Entity Name

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



Principal Place of Business

1087 SHOTGUN RD
SUNRISE FL 33326

Mailing Address

1087 SHOTGUN RD
SUNRISE FL 33326

2. Principal Place of Business

4851 N.W. 103 AVE

3. Mailing Address

4851 N.W. 103 AVE

Suite, Apt. #, etc.

45

Suite, Apt. #, etc.

45

City & State

SUNRISE FL

City & State

SUNRISE, FL

Zip

33351

Country

BROWARD

Zip

33351

Country

BROWARD



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0590484**

Applied For

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

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 **JOSE D. CASTILLO**

1-9-03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	CASTILLO, JOSE D	
STREET ADDRESS	16207 SADDLE CLUB RD., #203	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAZMINO, EUNISE	
STREET ADDRESS	21361 NW 39TH AVE.	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SALCEDO, EVARISTO	
STREET ADDRESS	24990 NW 42ND CT.	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALAS, REBECA	
STREET ADDRESS	1087 SHOTGUN RD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Jose D. Castillo **JOSE D. CASTILLO**

1-9-03

CR2E037 (10/02)