

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

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 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 24990 NW 42ND CT. COCONUT CREEK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAS, REBECA 1087 SHOTGUN RD FORT LAUDERDALE FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

JOSE D. CASTILLO

1-9-03

CR2E037 (10/02)