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## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empoy

## Sep 10, 2001 8:00 am Secretary of State DOCUMENT # N95000002054 09-10-2001 90046 003 \*\*\*\*61.25 ASAMBLEA CRISTIANA DEL SUR DE LA FLORIDA, INC. Principal Place of Business Mailing Address 3181 KIRK ROAD 3153 EMERSON AVE C0076048 LAKE WORTH FL 33466-6693 LAKE WORTH LAKE WORTH FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Numbe Applied For 65-0751874 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent = -Name Street Address (P.O. Box Number is Not Acceptable) BARNES, HENRY D 3153 EMERSON AVENUE LAKE WORTH FL 33461 City 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 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 Make Check Payable to **\$5.00** May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE TITLE ☐ Change Addition (5/01) LEANDRO, BLAS H. NAME PADILLA, CLAUDIA NAME STREET ADDRESS 5876 37TH CT STREET ADDRESS **CR2E037** CITY-ST-ZIP **GREENACRES FL 33463** Bounton Beach, Fl CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE MANCELINO, CRUZ NAME NAME STREET ADDRESS 200 E OCEAN AVE STE 11 STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33435** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BARNES, HENRY D NAME NAME STREET ADDRESS 3153 EMERSON AVE. STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33461-2025 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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