

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #N 95000002842

1. Entity Name

CENTRO BIBLICO EMBAJADORES DE CRISTO, INC.

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90029 004 \*\*\*\*80.00

Principal Place of Business

1544 W. 37 STREET  
HIALEAH, FL. 33013

Mailing Address

7126 LAUREL LANE  
MIAMI LAKES, FL. 33014  
US

2. Principal Place of Business

1544 W. 37 ST.

Suite, Apt. #, etc.

3. Mailing Address

7126 LAUREL LANE

Suite, Apt. #, etc.

City & State

HIALEAH, FL. 33012

City & State

MIAMI LAKES, FL. 33014

4. FEI Number

65-0584241

Applied For

Not Applicable

Zip

33012

Country

U.S.A.

Zip

33014

Country

U.S.A.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

A0035347

6. Name and Address of Current Registered Agent

ORLANDO, GONZPER  
7126 LAUREL LANE  
MIAMI-LAKES, FL. 33014

7. Name and Address of New Registered Agent

Name  
NANCII GONZPER

Street Address (P.O. Box Number is Not Acceptable)  
7126 LAUREL LANE

City  
MIAMI-LAKES

FL

Zip Code  
33014

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

*Nancii Gonzper*

NANCII GONZPER

03-13-2001

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:  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GONZPER, ORLANDO A.	
STREET ADDRESS	681- 6 ST. N.E.	
CITY-ST-ZIP	NAPLES, FL. 34120	
TITLE	SVD	<input checked="" type="checkbox"/> Delete
NAME	GONZPER, NANCII	
STREET ADDRESS	681- 6 ST. N.E.	
CITY-ST-ZIP	NAPLES, FL. 34120	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RAMOS, LINDA	
STREET ADDRESS	7415 W. 15 AVE	
CITY-ST-ZIP	HIALEAH, FL. 33014	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RAMOS, SAMUEL	
STREET ADDRESS	7415 W. 15 AVE	
CITY-ST-ZIP	HIALEAH, FL. 33014	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CINTRON, MANUEL	
STREET ADDRESS	1266 S.W. 117 AVE	
CITY-ST-ZIP	FT. LAUD. FL. 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZPER, NANCII	
STREET ADDRESS	7126 LAUREL LANE	
CITY-ST-ZIP	MIAMI. LAKES FL. 33014	
TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, SAMUEL	
STREET ADDRESS	7415 W. 15 ave	
CITY-ST-ZIP	HIALEAH, FL. 33014	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, LINDA	
STREET ADDRESS	7415 W. 15 AVE	
CITY-ST-ZIP	HIALEAH, FL. 33014	
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		
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:

*Nancii Gonzper*

NANCII GONZPER

03-13-2001

(305)828-7471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)