

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 95000002842

1. Entity Name

CENTRO BÍBLICO EMBAJADORES DE CRISTO, INC.

Principal Place of Business

1544 W. 37 STREET
HTALEAH, FL. 33013

Mailing Address

7126 LAUREL LANE
MIAMI LAKES, FL. 33014
HS

2. Principal Place of Business

1544 W. 37 ST.

3. Mailing Address

7126 LAUREL LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HTALEAH, FL. 33012

City & State

MIAMI LAKES, FL. 33014

Zip
33012

Country
U.S.A.

Zip
33014

Country
U.S.A.

4. FEI Number

65-0584241

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

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

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	TITLE	NAME	
PD	GONZPER, ORLANDO A. 681- 6 ST. N.E. NAPLES, FL. 34120	<input checked="" type="checkbox"/> Delete	PD GONZPER, NANCII 7126 LAUREL LANE MIAMI. LAKES FL. 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SVI	GONZPER, NANCII 681- 6 ST. N.E. NAPLES, FL. 34120	<input checked="" type="checkbox"/> Delete	SVI RAMOS, SAMUEL 7415 W. 15 ave HTALEAH, FL. 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD	RAMOS, LINDA 7415 W. 15 AVE HTALEAH, FL. 33014	<input checked="" type="checkbox"/> Delete	TD RAMOS, LINDA 7415 W. 15 AVE HTALEAH, FL. 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD	RAMOS, SAMUEL 7415 W. 15 AVE HTALEAH, FL. 33014	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	CTNTRON, MANUEL 1266 S.W. 117 AVE FT. LAUD. FL. 33325	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<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: *Nancy Gonzper* NANCII GONZPER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-13-2001

(305)828-7471

Date

Daytime Phone #

CR2E037 (11/00)