

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000004081**

1. Entity Name

**"ASOCIACION DE IGLESIAS Y MINISTERIOS NUEVA JERU**

Principal Place of Business

**5400 S.W. 122ND AVENUE  
MIAMI FL 33175**

Mailing Address

**5400 S.W. 122ND AVENUE  
MIAMI FL 33175**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0609175**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CORDONES, DEYANIRA  
5400 S.W. 122 AVE.  
MIAMI FL 33175**

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.

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  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>P</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>CORDONES, RICHARD REV.</b>  |                                 |
| STREET ADDRESS | <b>15101 S.W. 151ST AVENUE</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                |                                 |

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>SD</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>CORDONES, DEYANIRA</b>      |                                 |
| STREET ADDRESS | <b>15101 S.W. 151ST AVENUE</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                |                                 |

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>T</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>CORDONES, DANIEL</b>        |                                 |
| STREET ADDRESS | <b>14165 SW 142 CT, #D 405</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33183</b>          |                                 |

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>D</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>CORDONES, PATRICIA</b> |                                 |
| STREET ADDRESS | <b>15101 SW 151 AVE</b>   |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33196</b>     |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| 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 |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| 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    |  |   |

|                |  |   |
|----------------|--|---|
| 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:

**SIGNATURE REQUIRED: RICHARD CORDONES**

Date

Daytime Phone #

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90061 007 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

0043546

CR2E037 (10/00)