

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90541 001 ****61.25
 03-01-2001 90541 002 *****8.75

DOCUMENT # N95000004198

1. Entity Name

THE NEW HARVEST SPANISH CHRISTIAN CHURCH ASSEMBL

Principal Place of Business

7500 DAVIS RD EXT
 HOLLYWOOD FL 33024
 US

Mailing Address

P O BOX 8324
 PEMBROKE PINES FL 33084
 US

2. Principal Place of Business

6660 Pembroke Road

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

4. FEI Number

65-0606284

Applied For

Not Applicable

Zip

Country

33023

U S

Zip

Country

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

6. Name and Address of Current Registered Agent

ACOSTA, DANIEL J
1871 SW TERR
FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name **Acosta J. Acosta**
 Street Address (P.O. Box Number is Not Acceptable)
4165 SW 22 ST Apt B
 City **Fort Lauderdale** **FL** Zip Code **33317**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	ACOSTA, DANIEL J	
STREET ADDRESS	1871 SE 37 TERR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MELENDEZ, IVETTE	
STREET ADDRESS	12169 NW 35TH PL	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUIZ, JOSUE	
STREET ADDRESS	7700 NW 39TH ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACIAS, MANUEL	
STREET ADDRESS	6405 RODMAN ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SANTOS, NEREIDA	
STREET ADDRESS	7170 SW 15TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANICO, CARMEN	
STREET ADDRESS	3701 SW 32TH ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	

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	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anico Carmen	
STREET ADDRESS	3701 SW 32TH ST	
CITY-ST-ZIP	Hollywood, FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Santos Juan	
STREET ADDRESS	7170 SW 15 TH ST	
CITY-ST-ZIP	Pembroke Pines FL 33023	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lopez, Sara	
STREET ADDRESS	4165 SW 22 St Apt B	
CITY-ST-ZIP	Fort Lauderdale, FL 33317	

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: Daniel J Acosta, President **02/05/01** (954) 893-9890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)