

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000805

1. Entity Name

EL FARO CENTRO CRISTIANO, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90156 001 ****61.25

05-23-2000 90156 002 ****8.75

Principal Place of Business 1299 SW 112TH WAY FT. LAUDERDALE FL 33325	Mailing Address 1299 SW 112 WAY FT LAUDERDALE FL 33325-4544 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3877 Turtle Run Blvd Suite, Apt. #, etc. #2221 - City & State Coral Springs - Fl. Zip 33067	3. Mailing Address Same - OR - OR - P.O. Box 670874 City & State Coral Springs Fl. Zip 33067
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4. FEI Number 65-0773122	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GONZALEZ, JUAN 1299 SW 112TH WAY FT. LAUDERDALE FL 33325	7. Name and Address of New Registered Agent Name GONZALEZ, JUAN Street Address (P.O. Box Number is Not Acceptable) 3877 Turtle Run Blvd. #2221 City Coral Springs FL Zip Code 33067
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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.	Presido Rev. Juan Gonzalez - 5-1-00 (NOTE: Registered Agent signature required when reinstating)	DATE
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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 STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, JUAN 1299 SW 112TH WAY FT. LAUDERDALE FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. GONZALEZ, JUAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3877 Turtle Run Blvd #2221 Coral Springs Fl. 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOBO, CAMILO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. S. Jessica Cruz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3877 Turtle Run Blvd #2221 Coral Springs Fl. 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, SARAH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. GONZALEZ, SARAH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3877 Turtle Run Blvd #2221 Coral Springs Fl. 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Signature and typed or printed name of signing officer or director	Rev. Juan Gonzalez 5-5-00-954 After 4 P.M. 796-9207
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CR2E037 (9/99)