2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600001361

1. Entity Name

TAMPA FL 33615

CITY-ST-ZIP

SIGNATURE:

IGLESIA COMUNAL CRISTIANA, INC.

Principal Place of Business 8283 W HILLSBOROUGH AVE

2. Principal Place of Business

Mailing Address

3. Mailing Address

8283 W HILLSBOROUGH AVE TAMPA FL 33615-4111

DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3204957 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GERARDO, LEITON 4904 HOLIDAY DR **TAMPA FL 33615** Zip Code FL 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) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. Addition ☐ Change ☐ Delete TITLE TITLE LEITON, GERARDO NAME STREET ADDRESS STREET ADDRESS 4904 HOLIDAY DR CITY-ST-ZIP CITY-ST-ZIE **TAMPA FL 33615** ☐ Change Addition ☐ Delete TITLE TITLE RIVERA, MARIO A NAME NAME STREET ADDRESS STREET ADDRESS 4913 CARLYLE RD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change Taddition TILE ☐ Delete RIVERA, PAZ I NAME STREET ADDRESS STREET ADDRESS 4913 CARLYLE RD CITY-ST-ZIP CITY-ST-ZIF TAMPA FL ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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

Feb 21, 2000 8:00 am

Secretary of State

02-21-2000 90020 011 ****61.25