

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002170

1. Entity Name

IGLESIA DE CRISTO: LIBRES POR LA VERDAD, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90110 035 \*\*\*\*70.00

Principal Place of Business	Mailing Address
20151 NW 67TH AVE. MIAMI FL 33015	20151 NW 67TH AVE. MIAMI FL 33015-2130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	Applied For
65-0703844	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, EUGENIO  
 1984 NW 179 AVE.  
 PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name: Jose Tabraue  
 Street Address (P.O. Box Number is Not Acceptable): 14001 S.W. 48 Court  
 City: MIRAMAR FL Zip Code: 33027

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] Jose Tabraue, President. 1/16/2000  
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE: D NAME: ZELAYA, RAINEL STREET ADDRESS: 7331 ARTHUR ST CITY-ST-ZIP: HOLLYWOOD FL 33029	<input checked="" type="checkbox"/> Delete
TITLE: V NAME: TABRAUE, JOSE STREET ADDRESS: 13745 NW 1 AVE. CITY-ST-ZIP: NORTH MIAMI FL 33168	<input type="checkbox"/> Delete
TITLE: D NAME: RIVERA, HERIBERTO STREET ADDRESS: 20523 NW 47 AVE. CITY-ST-ZIP: CORAL CITY FL 33055	<input type="checkbox"/> Delete
TITLE: S NAME: CARRILLO, DORIS STREET ADDRESS: 18921 NW 77 CT. CITY-ST-ZIP: MIAMI FL 33015	<input checked="" type="checkbox"/> Delete
TITLE: T NAME: PATEL, ANA L STREET ADDRESS: 510 NW 108 ST. CITY-ST-ZIP: MIAMI FL 33168	<input type="checkbox"/> Delete
TITLE: D NAME: CONTRERAS, GLORIA STREET ADDRESS: 7080 NW 179 ST #205 CITY-ST-ZIP: MIAMI FL 33015	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: Vice-President NAME: Victoria Justiniano STREET ADDRESS: 8550 N. Sherman Circle #408 CITY-ST-ZIP: Miramar, Fl. 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: President NAME: Jose Tabraue STREET ADDRESS: 14001 SW 48 Court CITY-ST-ZIP: Miramar, Fl. 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Sub-Treasurer NAME: Milton Carratala STREET ADDRESS: 7833 N.W. 192 Street CITY-ST-ZIP: Miami, Fl. 33015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Director NAME: Sammy Monserrate STREET ADDRESS: 19812 N.W. 86 Court CITY-ST-ZIP: Miami, Fl. 33015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Director NAME: Fernando Garcia STREET ADDRESS: 13705 SW 55 Court CITY-ST-ZIP: Miami, Fl.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Secretary NAME: Gloria Contreras STREET ADDRESS: 19078 N.W. 12 Place CITY-ST-ZIP: Miami, Fl. 33015	<input checked="" 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] **REQUIRED** President 1/16/2000 305-705-5255  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)