

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90172 036 ****70.00

DOCUMENT # N96000002170

1. Entity Name

IGLESIA DE CRISTO: LIBRES POR LA VERDAD, INC.

Principal Place of Business

Mailing Address

20151 NW 67TH AVE.
 MIAMI FL 33015

20151 NW 67TH AVE.
 MIAMI FL 33015

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

65-0703844

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TABRAUE, JOSE
14001 SW 48 CT
MIRAMAR FL 33027

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	MONSERRATE, SAMUEL	
STREET ADDRESS	19812 N.W. 86 COURT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JUSTINIANO, VICTORIA	
STREET ADDRESS	8550 N. SHERMAN CIR. #408	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, HERIBERTO	
STREET ADDRESS	20523 NW 47 AVE.	
CITY-ST-ZIP	CORAL CITY FL 33055	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CARRATALA, MILTON	
STREET ADDRESS	7833 NW 192 ST	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	T	<input type="checkbox"/> Delete
NAME	PATEL, ANA L	
STREET ADDRESS	510 NW 108 ST.	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONTRERAS, GLORIA	
STREET ADDRESS	7080 NW 179 ST #205	
CITY-ST-ZIP	MIAMI FL 33015	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D JOSE Tabraue	
STREET ADDRESS	14001 SW 48 CT	
CITY-ST-ZIP	MIRAMAR FL 33027	
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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/02
 Date

365-621-1422
 Daytime Phone #

CR2E037 (9/01)