


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90219 028 ****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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TABRAUE, JOSE
14001 SW 48 CT
MIRAMAR FL 33027

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MONSERRATE, SAMUEL	
STREET ADDRESS	19812 N.W. 86 COURT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	TABRAVE, JOSE	
STREET ADDRESS	14001 SW 48 CT	
CITY-ST-ZIP	MIRAMAR FL 33027	
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	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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: _____ **REQUIRED** 1/15/03 Date Daytime Phone #

CR2E037 (10/02)