

2000 UNIFORM BUSINESS REPORT (UBR)

3973

DOCUMENT # N96000005399

1. Entity Name

IGLESIA EVANGELICA JESUSCRISTO EL REY SOBERANO,

Principal Place of Business

10201 SW HAMMOCKS BLVD #150
MIAMI FL 33196
US

Mailing Address

P O BOX 960247
MIAMI FL 33296
US

FILED

01 JAN 18 AM 11:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business

92905.W 150 AV.

3. Mailing Address

Suite, Apt. #, etc.
suite 401

Suite, Apt. #, etc.

City & State
Miami FL.

City & State

Zip
33196

Country
US

Zip

Country

4. FEI Number

65-0703954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDUARDO JIMENEZ
10425 SW 153RD CT #5
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name
Eduardo Jimenez

Street Address (P.O. Box Number is Not Acceptable)
10540 S.W. 154 CT. #1

City
Miami FL. FL Zip Code
33196

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
After September 13, 2000 min. will be \$236.25

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

TITLE
PD
NAME
JIMENEZ, EDUARDO A
STREET ADDRESS
105901 SW 154 CT #A
CITY-ST-ZIP
MIAMI FL 33196 ☐ Delete

TITLE
STD
NAME
JIMENEZ, YANIRA
STREET ADDRESS
15006 S.W. 104TH STREET, #2507
CITY-ST-ZIP
MIAMI FL 33196 ☐ Delete

TITLE
D
NAME
RODRIGUEZ, SOLANGEL
STREET ADDRESS
15006 S.W. 104TH STREET, #2507
CITY-ST-ZIP
MIAMI FL 33196 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800003856528
-03/16/01--01036--008
****236.25 ****236.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/2000. (305) 505 7041

Date

Daytime Phone #

CR2E037 (5/00)

KE