## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # N9700006522 Jul 18, 2000 8:00 am 1. Entity Name **Secretary of State** IGLESIA APOSTOLICA LA PRIMAVERA DEL NOMBRE DE JE 07-18-2000 90018 044 \*\*\*\*66.25 Principal Place of Business Mailing Address 2900 SOUTHWEST 3RD STREET 2900 SOUTHWEST 3RD STREET UNIT 3 LINIT 3 MIAMI FL 33135 **MIAMI FL 33132** 2. Principal Place of Business 3. Mailing Address St 2900 southwest 3RD stree **3**2,32 NW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Uni+ 3-0 City & State Applied For-City & State.\_\_ s 4. FEI Number 65-0796545 HIAMI Not Applicable 3312*5* Country Country \$8.75 Additional Certificate of Status Desired 3 เ3*5* DADE **DADE** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 15ta vo Montealeare Street Address (P.O. Box Number is Not Acceptable) **AMERILAWYER** 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code MANI 3125 8. The above named entity subgrits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE,NOW: FEE IS \$81.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution Added to Fees Department of State After September 13, 2000 min. will be \$236.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Addition TITLE TITLE ☐ Change ☐ Delete رَيْ MONTEALEGRE, JORGE 1 NAME NAME 2900 SOUTHWEST 3RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33132 CITY-ST-ZIP 1 2 2 2 ☐ Addition ☐ Change TITLE TITLE ☐ Delete BARILLAS, CESAR A NAME NAME STREET ADDRESS 2900 SOUTHWEST 3RD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33132** ☐ Change Addition TITLE ☐ Delete TITLE MONTEALEGRE, GUSTAVO NAME NAME STREET ADDRESS 2900 SOUTHWEST 3RD STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33132** CITY-ST-ZIP TITLE = --Delete - Change Ch ☐ Addition TITLE Secretary BARILLAS, SHANTAL Bartila shantal 2900 southwest 3rd Street MAMILEL 33135 NAME NAME STREET ADDRESS 2900 SOUTHWEST 3RD STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33132 CITY-ST-ZIP TITLE TITLE Vice President ☐ Addition Delete MONTEALEGRE, JERUSIAS P NAME NAME Montealegie, Jerusias 2900, southwest 3rd street STREET ADDRESS 2900 SOUTHWEST 3RD STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33132... CITY-ST-ZIP MIAMILFUL 33 (3 Change ☐ Addition TITLE TITLE Delete MONTEALEGRE, EDGAR R NAME NAME STREET ADDRESS 2900 SOUTHWEST 3RD STREET STREET ADDRESS MIAMI FL 33132 👭 😘 CITY-ST-ZIP City-St-7iP 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 apport 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 of the receiver of 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 of the corporation of the receiver of trus changed, or on an attachment with an

38) 642-22-00 Daytime Phone #