

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

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

01-13-2003 90424 024 ****61.25

DOCUMENT # N97000006522

1. Entity Name

**IGLESIA APOSTOLICA LA PRIMAVERA DEL NOMBRE DE JE
SUS, INC.**



Principal Place of Business

**3232 NW 7ST
MIAMI FL 33125**

Mailing Address

**2900 SOUTHWEST 3RD STREET
UNIT 3-C
MIAMI FL 33135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0796545**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONTEALEGRE, GUSTAYO
3232 NW 7 STREET
MIAMI FL 33125**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PO**
NAME **MONTEALEGRE, JORGE I**
STREET ADDRESS **2900 SOUTHWEST 3RD STREET**
CITY-ST-ZIP **MIAMI FL 33132** ☐ Delete

TITLE **PO**
NAME **MONTEALEGRE, GUSTAVO** ☒ Change ☐ Addition
STREET ADDRESS **2900 SW 3ST # 3-C**
CITY-ST-ZIP **MIAMI FLA 33135**

TITLE **D**
NAME **BARILLAS, CESAR A** ☒ Delete
STREET ADDRESS **2900 SOUTHWEST 3RD STREET**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D**
NAME **MONTEALEGRE, GUSTAVO** ☒ Change ☐ Addition
STREET ADDRESS **2900 SW 3ST # 3-C**
CITY-ST-ZIP **MIAMI FLA 33135**

TITLE **D**
NAME **MONTEALEGRE, GUSTAVO** ☒ Delete
STREET ADDRESS **2900 SOUTHWEST 3RD STREET**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D**
NAME **EDGAR I. MONTEALEGRE** ☐ Change ☒ Addition
STREET ADDRESS **2900 SW 3ST # 3-C MIAMI FLA 33135**

TITLE **S**
NAME **BARILLA, SHANTAL** ☒ Delete
STREET ADDRESS **2900 SOUTH WEST 3RD STREET**
CITY-ST-ZIP **MIAMI FL 33135**

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

TITLE **VP**
NAME **MONTEALEGRE, JERUSIAS** ☐ Delete
STREET ADDRESS **2900 SOUTHWEST 3RD STREET**
CITY-ST-ZIP **MIAMI FL 33135**

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

TITLE **T**
NAME **MONTEALEGRE, EDGAR R** ☐ Delete
STREET ADDRESS **2900 SOUTHWEST 3RD STREET**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Change ☐ 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)(f), 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: *Edgar I. Montalegre*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-03

Date

786-262-6566

Daytime Phone #

CR2E037 (10/02)