

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006887

1. Entity Name

CENTROAMERICAN EVANGELICAN CHURCH NEW JERUSALEM

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90119 001 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 21662
WPB FL 33416

P.O. BOX 21662
WPB FL 33416-1662

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

65-0858178

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

GIBBONS, ELSA
301 BROADWAY, SUITE 300
RIVIERA BEACH FL 33404

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 DP ☒ Delete
NAME FELIPE, RUBEN
STREET ADDRESS 433 #2-40 ST.
CITY-ST-ZIP W. PALM BEACH FL 33407

TITLE DP ☐ Change ☒ Addition
NAME DEMETRIO PEREZ ERNANDEZ
STREET ADDRESS 606 27 St # 5
CITY-ST-ZIP W. PALM BEACH, FL 33407

TITLE DVP ☐ Delete
NAME GONZALEZ, ROSENDO
STREET ADDRESS 1677 DALINDA LN., #A
CITY-ST-ZIP W. PALM BEACH FL 33406

TITLE DVP ☐ Change ☒ Addition
NAME GONZALEZ, ROSENDO
STREET ADDRESS 1677 DALINDA LN., #A
CITY-ST-ZIP W. PALM BEACH FL 33406

TITLE DT ☒ Delete
NAME PEREZ, ANTELMO O
STREET ADDRESS 1677 DALINDA LN., #B
CITY-ST-ZIP W. PALM BEACH FL 33406

TITLE DT ☐ Change ☒ Addition
NAME PEREZ, ANTELMO O
STREET ADDRESS 1677 DALINDA LN #B
CITY-ST-ZIP W. PALM BEACH FL 33406

TITLE DP ☒ Delete
NAME RUBEN, FELIPE
STREET ADDRESS 433 2-40ST
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE DP ☐ Change ☒ Addition
NAME RUBEN, FELIPE
STREET ADDRESS 433 2-40ST
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE DP ☒ Delete
NAME FELIPE, RUBEN
STREET ADDRESS 433 #240TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE DP ☐ Change ☒ Addition
NAME FELIPE, RUBEN
STREET ADDRESS 433 #240TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE DVP ☐ Delete
NAME GONZALEZ, ROSENDO
STREET ADDRESS 1677 DALINDA LANE #B
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE DVP ☐ Change ☒ Addition
NAME GONZALEZ, ROSENDO
STREET ADDRESS 1677 DALINDA LANE #B
CITY-ST-ZIP WEST PALM BEACH FL 33406

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

Date

Daytime Phone #

CR2E037 (9/99)