

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0027583

03-14-2002 90074 043 ****75.00

DOCUMENT # N98000002085

1. Entity Name

**IGLESIA DE JESUCRISTO "LA SANA DOCTRINA" MINISTE
 RIO INTERNACIONAL INC.**

Principal Place of Business

Mailing Address

14150 SW 84 ST
 I208
 MIAMI FL 33183
 US

14150 SW 84 ST
 I208
 MIAMI FL 33183
 US

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

65-0831344

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

NEVOT, LAZARO
14150 SW 84 ST
I208
MIAMI FL 33183

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	P	<input type="checkbox"/> Delete
NAME	NEVOT, LAZARO	
STREET ADDRESS	14150 SW 84 ST	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	V	<input type="checkbox"/> Delete
NAME	NEVOT, ROSARIO	
STREET ADDRESS	14150 SW 84 ST	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	T	<input type="checkbox"/> Delete
NAME	CERNUDA, AMERICA	
STREET ADDRESS	13708 SW 9 ST	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENK, SONIA	
STREET ADDRESS	1567 SW 136 PLACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORALES, ZAIDA F	
STREET ADDRESS	1280 SW 142 AVE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Delete
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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)(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

9/2/02

(305) 388-4688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)