

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

0031257

**DOCUMENT # N98000002635**

1. Entity Name  
**IGLESIA CHRISTIANA JESUCRISTO ES REY CORP.**

01-31-2002 90008 031 \*\*\*\*66.25

Principal Place of Business      Mailing Address  
**14040 RICHWOOD PLACE      14040 RICHWOOD PLACE**  
**DAVIE FL 33325                  DAVIE FL 33325**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0833743</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>DIAZ, OSVALDO J</b> <b>14040 RICHWOOD PLACE</b> <b>DAVIE FL 33325</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 *Osvaldo J. Diaz*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DIAZ, OSVALDO J</b>			NAME			
STREET ADDRESS	<b>14040 RICHWOOD PLACE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>DAVIE FL 33325</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DIAZ, MARIA I</b>			NAME			
STREET ADDRESS	<b>14040 RICHWOOD PLACE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>DAVIE FL 33325</b>			CITY-ST-ZIP			
TITLE	<b>I</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ALEVADO, MANUEL</b>			NAME			
STREET ADDRESS	<b>6724 NW 62ND STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, RUBEN</b>			NAME			
STREET ADDRESS	<b>7000 NW 24 CORT</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SUNRISE FL 33312</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Osvaldo J. Diaz* **DUPLICATE REQUIRED** **1-8-02 954-473-044**

CR2E037 (9/01)