2000 UNIFORM BUSINESS REPORT (UBR)

1/19/00-90093-006-\$61.25-\$61.25 * 9/11/00-90074-038-\$61.25-\$61.25 DOCUMENT # N99000001675 ORGANIZACION DE IGLESIAS EVANGELICAS TORRE FUERT FILED SECRETARY OF STALL EVISION OF CORPORATION Mailing Address Principal Place of Business 00 SEP 25 AM 7: 34 7360 CORAL WAY JOSO CORAL WAY SUITE-21-SUITE 21 MIAMI EL 22155 MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business **2611 NW 21 TERRACE** DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Sulte, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0903054 33(2) Not Applicable MIAMI, FLORIDA \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired П Fee Required 33142 MIAMI-DADE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name Street Address (P.O. Box Number is Not Acceptable) CORONADO, NESTOR 7360 CORAL WAY SUITE 21 Zip Code MIAMI FL 33155 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State Äfter September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. 9 VICE-PRESIDENT / D ☐ Addition ☐ Chance TITLE ☐ Delete TITLE PRESIDENT /D CARLOS A. RODRÍGUEZ BOBERTO REYES 3128 NW FLAGLER TERR 3125 NAME NAME **CR2E037** STREET ADDRESS STREET ADDRESS 1318 NW 6ST APT #5 CITY-ST-ZIP MIAMI, FLORIDA 33125 CITY-ST-7IP Addition SECRETARY /D ☐ Change VICE-PRESIDENT /b ☐ Delete TITLE TITLE IGOR SOLIS NAME GILDA E. CASTILLO NAME 1151 SW 130 AVENUE STREET ADDRESS STREET ADDRESS 251 N 34 TERR APT #3 CITY-ST-7IP CITY-ST-ZIP MIAMI, FLORIDA - 331<u>84</u> MTAMY-FLORIDA-331-27-☐ Change Addition TREASURER/D ☐ Defete TITLE TITLE MANE NAME MANUEL-ZAMORA STREET ADDRESS STREET ADDRESS 231 NW 60 CT CITY-ST-ZIP CITY-ST-ZIP 33126 MIAMI, FLORIDA Change Addition ☐ Delete TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S7-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Channa Channa Addition TITLE ☐ Delete TITLE 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 capewared 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, withjail other like empowered. RE REQUIRED 20 2000 SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #