

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90075 042 ****61.25

DOCUMENT # N99000002540

1. Entity Name

IGLESIA CRISTIANA MORADA DEL ALTISIMO, INC.

Principal Place of Business

Mailing Address

10401 SW 142 AVE.
 MIAMI FL 33186-3013

10401 SW 142 AVE.
 MIAMI FL 33186-3013

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

65-0914204

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

CONTRERAS, RUDIS
 10401 SW 142 AVE.
 MIAMI FL 33186-3013

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

Nirma Ortiz

NIRMA ORTIZ TD

APRIL 13, 2001

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PCD
CONTRERAS, RUDIS
10401 SW 142 AVE.
MIAMI FL 33186-3013 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD
RODRIGUEZ, PEDRO E
11790 S.W. 18 STREET, APT. #204
MIAMI FL 33175 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD
NIRMA ORTIZ
8124 S.W. 136 PLACE
MIAMI, FL. 33183 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
CONTRERAS, LUCIA M
10401 SW 142 AVE.
MIAMI FL 33186-3013 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Delete

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

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 a address with all other like empowered.

SIGNATURE:

Rudis Contreras

RUDIS CONTRERAS, PCD

APRIL 13, 2001 252-4824

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (10/00)