

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002780

1. Entity Name

IGLESIA CRISTIANA MONTE SION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90284 010 ****61.25

Principal Place of Business

13081 N.W. 11TH TERRACE
MIAMI FL 33182

Mailing Address

13081 N.W. 11TH TERRACE
MIAMI FL 33182-2334

2. Principal Place of Business

7400 NW 7th St
Suite, Apt. #, etc.

SUITE 111

City & State

MIAMI FL 33126

Zip
33126

Country

DADE

3. Mailing Address

7400 NW 7th St
Suite, Apt. #, etc.

SUITE 111

City & State

MIAMI FL

Zip

33126

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0923229

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUERRO, LEONARDO
13081 N.W. 11TH TERRACE
MIAMI FL 33182

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME D-P
STREET ADDRESS GUERRERO, LEONARDO
CITY-ST-ZIP 13081 N.W. 11TH TERRACE
MIAMI FL 33182

TITLE ☐ Delete
NAME D-S
STREET ADDRESS DIAZ, RITA
CITY-ST-ZIP 13081 N.W. 11TH TERRACE
MIAMI FL 33182

TITLE ☒ Delete
NAME D
STREET ADDRESS CHAPLE, NORMA
CITY-ST-ZIP 2300 S.W. 3RD AVE RD/ #10
MIAMI FL 33128

TITLE ☐ Delete
NAME D-T
STREET ADDRESS DIAZ, JOSE
CITY-ST-ZIP 240 DUNAD AVE. #48
OPALOCKA FL 33054

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

041400

Date

305 5534295

Daytime Phone #