

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N99000002780
 1. Entity Name
IGLESIA CRISTIANA MONTE SION, INC.

Principal Place of Business 13081 N.W. 11TH TERRACE MIAMI FL 33182	Mailing Address 13081 N.W. 11TH TERRACE MIAMI FL 33182-2334
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DO NOT WRITE IN THIS SPACE

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
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4. FEI Number 65-0923229	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		
TITLE NAME D-P GUERRERO, LEONARDO	STREET ADDRESS 13081 N.W. 11TH TERRACE	<input type="checkbox"/> Delete
CITY-ST-ZIP MIAMI FL 33182		
TITLE NAME D-S DIAZ, RITA	STREET ADDRESS 13081 N.W. 11TH TERRACE	<input type="checkbox"/> Delete
CITY-ST-ZIP MIAMI FL 33182		
TITLE NAME D CHAPLE, NORMA	STREET ADDRESS 2300 S.W. 3RD AVE RD/ #10	<input checked="" type="checkbox"/> Delete
CITY-ST-ZIP MIAMI FL 33128		
TITLE NAME D-T DIAZ, JOSE	STREET ADDRESS 240 DUNAD AVE. #48	<input type="checkbox"/> Delete
CITY-ST-ZIP OPALOCKA FL 33054		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **X** GUERRERO, LEONARDO **04/14/00** **305 553 4295**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #