

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 10, 2000 8:00 am
Secretary of State

03-20-2000 90098 027 ****70.00

DOCUMENT # N99000003190

1. Entity Name

IGLESIA CRISTIANA JOSUE, INC.

Principal Place of Business

4501 NW 103 AVE
 SUNRISE FL 33326

Mailing Address:

4501 NW 103 AVE
 SUNRISE FL 33351-7936

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 450273

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33345-0273

Country

U.S.A.

4. FEI Number

65-0931147

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CALLES, RICARDO
 4501 NW 103 AVE
 SUNRISE FL 33326

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)

3/14/00

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: **President**
 NAME: **Ricardo Calles**
 STREET ADDRESS: **152 Riviera Cir.**
 CITY-ST-ZIP: **Weston, FL 33326**

TITLE: **Secretary**
 NAME: **Hilda Bennet**
 STREET ADDRESS: **4501 N.W. 103rd. Ave**
 CITY-ST-ZIP: **Sunrise, FL 33326**

TITLE: **Treasurer**
 NAME: **Fernando I. De Paz**
 STREET ADDRESS: **9911 N.W. 6th Crt.**
 CITY-ST-ZIP: **Plantation, FL 33324**

TITLE: **Director**
 NAME: **Emmanuel Ayala**
 STREET ADDRESS: **13831 Oak Ridge Dr.**
 CITY-ST-ZIP: **Davie, FL 33325**

TITLE: **Director**
 NAME: **Rosa Castro #357**
 STREET ADDRESS: **357 N.W. 87th Terr.**
 CITY-ST-ZIP: **Plantation, FL 33324**

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE:
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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 fees empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/14/00 (954) 578-9180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)