

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90345 007 \*\*\*\*70.00

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**DOCUMENT # N99000003190**

1. Entity Name  
**IGLESIA CRISTIANA JOSUE, INC.**



Principal Place of Business  
**1490 NW FLAMINGO ROAD  
PLANTATION FL 33323**

Mailing Address  
**PO BOX 450273  
SUNRISE FL 33345-0273**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

4. FEI Number **65-0931147**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CALLES, RICARDO  
3541 NW 95TH TERR  
#201  
SUNRISE FL 33351**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9: Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOMEZ, AUSTILDO	
STREET ADDRESS	4501 NW 103RD AVE #103	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAZUERA, NELSON	
STREET ADDRESS	1490 NW FLAMINGO ROAD	
CITY-ST-ZIP	PLANTATION FL 33323	
TITLE	S	<input type="checkbox"/> Delete
NAME	CASTRO, ROSA	
STREET ADDRESS	4501 NW 103RD AVE #103	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYES, CARLOS	
STREET ADDRESS	1490 NW FLAMINGO ROAD	
CITY-ST-ZIP	PLANTATION FL 33323	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTRO, ROSA	
STREET ADDRESS	357 NW 87TH TERRACE #357	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEPAZ, FERNANDO I	
STREET ADDRESS	1490 NW FLAMINGO ROAD	
CITY-ST-ZIP	PLANTATION FL 33323	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMEN RIVERA	
STREET ADDRESS	4530 N HIATUS RD #101	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTHA ARCE	
STREET ADDRESS	4530 N HIATUS RD #101	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCISCO CHACON	
STREET ADDRESS	4530 N HIATUS RD #101	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/03 (954) 742-3523**

Date Daytime Phone #

CR2E037 (10/02)