

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

02-26-2000 90068 002 ****61.25

DOCUMENT # N99000005131

1. Entity Name

IGLESIA CONCILIO COMUNIDAD CRISTIANA EL CAMINO O

Principal Place of Business

Mailing Address

5480 W. 24 AVE. #203
MIAMI SPRING FL 33016

5480 W. 24 AVE. #203
MIAMI SPRING FL 33016-4816

2. Principal Place of Business

3. Mailing Address

1893 Pines Blvd.

18936^{NW} 57aven.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ambroke Pines, Florida

Miami Florida.

Zip

Country

Zip

Country

33024

U.S.A

33015

U.S.A.

4. FEI Number

65-0982 610

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



~~650982610~~

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOLANO, GIOVANNI P
5480 W. 24 AVE. #203
MIAMI SPRING FL 33016

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:
FEES 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	PD	<input type="checkbox"/> Delete
NAME	SOLANO, GIOVANNI P	
STREET ADDRESS	5480 W. 24 AVE. #203	
CITY-ST-ZIP	MIAMI SPRING FL 33016	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARRA SALCEDO, ELENA J	
STREET ADDRESS	5480 W. 24 AVE. #203	
CITY-ST-ZIP	MIAMI SPRING FL 33016	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOTO, JOSE A	
STREET ADDRESS	5480 W. 24 AVE. #203	
CITY-ST-ZIP	MIAMI SPRING FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IVAN CASTRO	
STREET ADDRESS	18936^{NW} 57aven. #205	
CITY-ST-ZIP	Miami, Flo. 33015	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIOVANNI SOLANO	
STREET ADDRESS	18936^{NW} 57AVEN. #205	
CITY-ST-ZIP	Miami, FL0, 33015	
TITLE	TD and SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Vega	
STREET ADDRESS	18936^{NW} 57aven. #205	
CITY-ST-ZIP	Miami, FL0. 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18936NW 57Ave. #205	
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: SIG. Ivan Castro Date: 01-04-00 (305) 512 8897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)