

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000006030**

1. Entity Name

**THE CHURCHES OF CHRIST IN THE APOSTLES DOCTRINE***R***FILED****Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90004 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**9501 SW 175 TERRACE  
MIAMI FL 33157****9501 SW 175 TERRACE  
MIAMI FL 33157-5604****00082700**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0954692**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DURAN, JOHN A  
16521 S.W. 144TH COURT  
MIAMI FL 33177**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, MARGARITO JR</b>	
STREET ADDRESS	<b>11290 SW 200 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>RUIZ, JOSE C</b>	
STREET ADDRESS	<b>12023 S.W. 209TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>DURAN, JOHN A</b>	
STREET ADDRESS	<b>16521 S.W. 144 CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ONDARO, XAVIER</b>	
STREET ADDRESS	<b>16521 S.W. 144TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PEREZ, JORGE</b>	
STREET ADDRESS	<b>14840 NARANJA LAKES BLVD., SUITE C2H</b>	
CITY-ST-ZIP	<b>MIAMI FL 33032</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, IVAN K</b>	
STREET ADDRESS	<b>12243 S.W. 201 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	

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 title empowered.

SIGNATURE:

**SIGNATURE: *JOHN A. DURAN* JOHN A. DURAN****7/25/00****305-255-1118**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)