

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90645 012 ****61.25

DOCUMENT # N99000006491

1. Entity Name

TORRE FUERTE CHRISTIAN CHURCH, INC.

Principal Place of Business

4561-67 N UNIVERSITY
LAUDERHILL FL 33351

Mailing Address

4561-67 N UNIVERSITY
LAUDERHILL FL 33351

2. Principal Place of Business

4563 N. UNIVERSITY

3. Mailing Address

4563 N. UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAUDERHILL FL

City & State

LAUDERHILL FL

4. FEI Number

65-0958428

Applied For

☒ Not Applicable

Zip

33351

Country

BROWARD

Zip

33351

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOFIL & NOFIL, P.A.
3284 NORTH STATE RD 7
LAUDERDALE LAKES FL 33319

7. Name and Address of New Registered Agent

Name

LUIS CARMONA

Street Address (P.O. Box Number is Not Acceptable)

6680 NW 25 ST

City

SUNRISE

FL

Zip Code

33313

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

Luis Carmona

3-21-02

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

TITLE PD
NAME CARMONA, LUIS
STREET ADDRESS 6680 NW 25TH STREET
CITY-ST-ZIP SUNRISE FL 33313 ☐ Delete

TITLE DV
NAME CARMONA, MERCEDES
STREET ADDRESS 6680 NW 25 STREET
CITY-ST-ZIP SUNRISE FL 33313 ☒ Delete

TITLE SD
NAME CARMONA, SHIRLEY
STREET ADDRESS 6680 NW 25 STREET
CITY-ST-ZIP SUNRISE FL 33313 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD
NAME SHIRLEY ALMEIDA
STREET ADDRESS 9260 NW 54 ST
CITY-ST-ZIP SUNRISE FL 33351 ☒ Change ☐ Addition

TITLE DV
NAME IVAN MIRANDA
STREET ADDRESS 4521 SW 22 ST
CITY-ST-ZIP PLANTATION FL 33317 ☒ Change ☐ Addition

TITLE DV
NAME HERMINSUL CAPOTE
STREET ADDRESS 5232 NE 2 AVE
CITY-ST-ZIP OAKLAND PARK FL 33334 ☒ Change ☐ Addition

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

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

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

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:

Luis Carmona

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-02

Date

(954) 292-6493

Daytime Phone #

CR2E037 (9/01)