

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036952

1. Entity Name

INTERAMERICAN CHRISTIAN CENTER INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90051 017 ***150.00

Principal Place of Business

Mailing Address

1501 NORTHWEST 28TH STREET
MIAMI FL 33142

P.O. BOX 420482
MIAMI FL 33242-0482

00014037



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1501 NW 28 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

FLA

4. FEI Number

65-0757367

Applied For

Not Applicable

Zip

Country

Zip

Country

33142

Dade

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

EDEN, ELISABETH
1501 NORTHWEST 28TH STREET
MIAMI FL 33142

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

Elisabeth Eden

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/28/99

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME EDEN, ELISABETH
STREET ADDRESS 13365 S.W. 42ND TERR
CITY-ST-ZIP MIAMI FL 33175

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

TITLE ☐ Delete
NAME GARCIA-CORNER, NANCY
STREET ADDRESS 2840 NW 22ND CT
CITY-ST-ZIP MIAMI FL 33142

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

TITLE ☐ Delete
NAME RAMOS, JONATHAN
STREET ADDRESS 5421 NW 179TH TERRACE
CITY-ST-ZIP MIAMI FL 33314

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

TITLE ☒ Delete
NAME PIERRE, LIDIA
STREET ADDRESS 600 N.W. SO. RIVER DR APT 605
CITY-ST-ZIP MIAMI FL 33136

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elisabeth Eden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99 305-633-1000
Date Daytime Phone #