

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90139 022 \*\*\*\*70.00

**DOCUMENT # 703446**

1. Entity Name

**THE FIRST SPANISH UNITED PRESBYTERIAN CHURCH OF**

Principal Place of Business

Mailing Address

**2480 NW 7TH ST  
 MIAMI FL 33125-3135**

**2480 NW 7TH ST  
 MIAMI FL 33125-3135**

**00031179**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1288361**

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

**TURINO, ROLANDO G  
 1041 NW 32ND PL  
 MIAMI FL 33125**

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

*[Handwritten 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 **C**  Delete  
 NAME **CRUZ, RAFAEL**  
 STREET ADDRESS **2850 S.W. 1ST STREET**  
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE **P**  Change  Addition  
 NAME **ELPIDIO PADILLA**  
 STREET ADDRESS **421 WREN AVE.**  
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **TD**  Delete  
 NAME **TEJERA, ANGEL**  
 STREET ADDRESS **6805 SW 139 PLACE**  
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **GONZALEZ, AGUSTIN**  
 STREET ADDRESS **9970 S W 26 ST**  
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE **D**  Change  Addition  
 NAME **ANTONIO FONTICIELLA**  
 STREET ADDRESS **2018 SW 17 STREET**  
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE **D**  Delete  
 NAME **SOSA, MARIA**  
 STREET ADDRESS **9650 FONTAINEBLEAU BLVD, VILLA #1**  
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **GARCIA TURINO, ROLANDO**  
 STREET ADDRESS **1041 NW 32 PL**  
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **S**  Change  Addition  
 NAME **ROLANDO GARCIA-TURINO**  
 STREET ADDRESS **1041 NW 32 PLACE**  
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **D**  Delete  
 NAME **JIMENEZ, LUIS E**  
 STREET ADDRESS **2855 LEONARD DR, APT #102**  
 CITY-ST-ZIP **AVENTURA FL 33160**

TITLE  Change  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:

*[Handwritten Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)