


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90219 012 \*\*\*\*61.25

<b>DOCUMENT # 703446</b>			
1. Entity Name <b>THE FIRST SPANISH UNITED PRESBYTERIAN CHURCH OF MIAMI, INC.</b>			
Principal Place of Business <b>2480 NW 7TH ST MIAMI FL 33125-3135</b>		Mailing Address <b>2480 NW 7TH ST MIAMI FL 33125-3135</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>TURINO, ROLANDO G 1041 NW 32ND PL MIAMI FL 33125</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		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. I am familiar with, and accept the obligations of registered agent.		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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1288361** Applied For  
Not Applicable

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

**FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELPIDIO, PADILLA</b>	NAME	
STREET ADDRESS	<b>421 WREN AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEJERA, ANGEL</b>	NAME	
STREET ADDRESS	<b>6805 SW 139 PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FONCIELLA, ANTONIO</b>	NAME	
STREET ADDRESS	<b>2018 SW 17 STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARRERO, RUTH E</b>	NAME	
STREET ADDRESS	<b>1825 W 44 PL #410</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA-TURINO, ROLANDO</b>	NAME	
STREET ADDRESS	<b>1041 NW 32 PL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JIMENEZ, LUIS E</b>	NAME	<b>D MARIA SDSA</b>
STREET ADDRESS	<b>2855 LEONARD DR, APT #102</b>	STREET ADDRESS	<b>9650 FONTAINE BLEAU BLVD. # 2</b>
CITY-ST-ZIP	<b>AVENTURA FL 33160</b>	CITY-ST-ZIP	<b>MIAMI, FL 33172</b>

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:  **REQUIRED** 1/27/03 305-642-4755

CR2E037 (10/02)