2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # 719620 1. Entity Name WESTCHESTER SPANISH CHRISTIAN CHURCH, INC. 05-16-2000 90155 001 ****70.00 Principal Place of Business Mailing Address 10601 S.W. 48 ST. 10601 S.W. 48 ST. MIAMI FLA 33165-5665 MIAMI FL 33165 847210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 23-7119205 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X) Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PEREZ, ALFREDO 8340 SOUTHWEST 87TH TERRACE **MIAMI FL 33143** Zip Code City 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Delete TITLE TITLE NAME PEREZ, ALFREDO NAME STREET ADDRESS STREET ADDRESS 8340 SW 87TH TERR CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33143** ☐ Addition ☐ Change TITLE SD ☐ Delete TITLE VAN DALEN, GERARDO NAME NAME STREET ADDRESS STREET ADDRESS 11971 S.W. 119TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL-33186 ☐ Addition Change TITLE TD □ Delete TITLE NAME ECHEZABAL, NELSON NAME STREET ADDRESS STREET ADDRESS 13011 S.W. 44 ST. CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33175 Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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:

CITY-ST-ZIP

CITY-ST-ZIP