

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90054 003 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 726889</b> 1. Entity Name <b>HOLY CROSS EPISCOPAL CHURCH, INC.</b>				<b>4. FEI Number</b> <b>59-0806966</b>		Applied For <input type="checkbox"/> Not Applicable	
Principal Place of Business <b>121 NE 36TH STREET</b> <b>MIAMI FL 33137</b>		Mailing Address <b>P.O. BOX 370748</b> <b>MIAMI FL 33137</b>		DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip      Country		Zip      Country					
<b>6. Name and Address of Current Registered Agent</b> <b>HERNANDEZ, ALEJANDRO F REV</b> <b>290 NAVARRE AVE</b> <b>APT 404</b> <b>CORAL GABLES FL 33134</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
<b>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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____							
<b>FILE NOW:</b> <b>FEE IS \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>		<b>Make Check Payable to</b> <b>Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>GONZALEZ, LUZ</b> <b>596 NW 108TH STREET</b> <b>MIAMI FL 33168</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MARIA EUGENIA MURILLO</b> <b>1545 N. E. 159 STREET</b> <b>NORTH MIAMI, FLORIDA, 33162</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CR2E037 (10/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ROMAN, MARCIAL</b> <b>104 NW 35 ST</b> <b>MIAMI FL 33127</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PEREZ, ZENIALY</b> <b>4532 SW 143RD COURT</b> <b>MIAMI FL 33175</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HERNANDEZ, ALEJANDRO F REV</b> <b>290 NAVARRE AVE APT 404</b> <b>CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<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.</b>							
<b>SIGNATURE:</b> <i>[Signature]</i>				<b>SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>1-28-2001-305-576-0852</b>			