

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90118 016 \*\*\*\*61.25

C 73028

**DOCUMENT # 731167**

1. Entity Name

**IGLESIA BAUTISTA EBENEZER, INC.**



Principal Place of Business

**4990 EAST 8TH AVE.  
HIALEAH FL 33013**

Mailing Address

**4990 EAST 8TH AVE.  
HIALEAH FL 33013**

**90009085**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **01-9490823**

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

**LEWISON, ROBERT J  
660 NORTHWEST 125TH STREET  
NORTH MIAMI FLORIDA FL**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
TD	MEZA, NORMA	4841 NW 176TH ST	CAROL CITY FL 33055	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	GAINZA, MOISES	7968 W. 14 CT	HIALEAH FL 33013	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	GARCIA, JAVIER	17370 N.W. 52 AVE	OPA LOCKA FL 33055	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VS	RAMOS, ADA	731 E 47TH ST	HIALEAH FL 33013	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: **SIGNATURE REQUIRED**

**1/18/03**

CR2E037 (10/02)