

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 755422**

1. Entity Name

IGLESIA METODISTA UNIDA-CORAL WAY-UNITED METHODIST

Principal Place of Business

**7900 CORAL WAY
MIAMI FL 33155**

Mailing Address

**7900 CORAL WAY
MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0539490

Applied For

Not Applicable

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

**RODRIGUEZ, EUGENE
7900 CORAL WAY
MIAMI FL 33155**

Name

Street Address (P.O. Box Number is Not Acceptable)

ORTEGA, BYRON**855 S.W. 29 ST.**

City

MIAMI, FL.,**FL**

Zip Code

33155

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

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	RODRIGUEZ, EUGENE	16150 NW 13ST	HOLLYWOOD FL 33028	PD	ORTEGA, BYRON	855 S.W. 29 ST.	MIAMI, FL., 33155
VD	TORRES, EDDIE	10290 SW 146 AVE	MIAMI, FL 00000	VP	BARO ALICIA	15760 S.W. 148 TR.	MIAMI, FL., 33196
TD	NODAL, RAQUEL	7801 S W 33RD TERRACE	MIAMI FL	TD	SENADE, DELFIN	686 N.W. 124 AVE.	MIAMI, FL, 33182
ST	BARO, ALICIA	271 NW 64 AVE	MIAMI, FL 00000	ST	VINALET, JOSEFA	7820 S.W. 33 TR.	MIAMI, FL, 33155
				ADMINISTRATOR	QUINONES, JOSE	11011 S.W. 88 ST. APT. F-210	MIAMI, FL, 33176

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:

JOSE AQUINONES ADMINISTRATOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01

Date

305 264-4377

Daytime Phone #

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90316 029 ****61.25

712172

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)