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

FILED
Jun 29, 2005 8:00 am
Secretary of State
06-29-2005 90004 012 ****61.25

DOCUMENT # 755422

1. Entity Name

IGLESIA METHODISTA UNIDA-CORAL WAY-UNITED METHODIST CHURCH, INC

DO NOT WRITE IN THIS SPACE

50054122

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7900 CORAL WAY	7900 CORAL WAY
Suite, Apt #, etc	Suite, Apt. #, etc,
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33155-6525 Country: DADE	Zip: 33155-6525 Country: DADE

4. FEI Number 65-0539490 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ENRIQUE R CRUZ

Street Address (P.O. Box Number is Not Acceptable): 9802 HAMNWCKS BLVD 202

City: MIAMI FL Zip Code: 33196

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 _____ 6/13/2005

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR	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.	
TITLE	PRESIDENT	TITLE	
NAME	ORTEGA BYRON	NAME	
STREET ADDRESS	855 SW 29 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	BARO ALICIA	NAME	
STREET ADDRESS	15760 SW 148 TR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	YOLANDA PINA	NAME	
STREET ADDRESS	9980 SW 48 ST	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	MIAMI FL 33165	CITY-ST-ZIP	
TITLE	TD	TITLE	IN THIS SPACE
NAME	MERCEDEZ FERNANDEZ	NAME	
STREET ADDRESS	7370 SW 22 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	TORRES EDWARD	NAME	
STREET ADDRESS	10-435 SW 129CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	ALZURI TERESITA	NAME	
STREET ADDRESS	9545 SW 24TH ST B225	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6/13/2005 305-264-4377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #