

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756458

1. Entity Name

IGLESIA BAUTISTA ESTRELLA DE BELEN, INC.

Principal Place of Business

Mailing Address

510 E 41ST ST
HIALEAH FL 33013

510 E 41ST ST
HIALEAH FL 33013

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

59-2346439

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

RAYVIS, MYRON J
821 SW 69TH COURT
MIAMI FL 33156

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.

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 PD
STREET ADDRESS SOTOLONGO, JAVIER
CITY-ST-ZIP 9999 NW 129 TERR
HIALEAH GARDENS FL 33018 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME SD
STREET ADDRESS GONZALEZ, MAGALY
CITY-ST-ZIP 20441 NW 44TH COURT
CAROL CITY FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME TD
STREET ADDRESS USED A JOSE
CITY-ST-ZIP 7011 WEST 29 AVE #114
HIALEAH FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D
STREET ADDRESS GONZALEZ, JOEL
CITY-ST-ZIP 701 EAST 21 STREET
HIALEAH FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D
STREET ADDRESS BORYS, RUBEN MD
CITY-ST-ZIP 736 E 19 ST
HIALEAH FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D
STREET ADDRESS GONZALEZ, DAGOBERTO
CITY-ST-ZIP 20441 NW 44TH COURT
CAROL CITY FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Myron J. Rayvis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-01 305 696-1243

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90481 038 ****61.25

C0032963



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)