

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756458

1. Entity Name

IGLESIA BAUTISTA ESTRELLA DE BELEN, INC.

Principal Place of Business

510 E 41ST ST  
HIALEAH FL 33013

Mailing Address

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

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

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

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

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

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

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

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 22, 2002 8:00 am  
Secretary of State

04-22-2002 90271 010 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)