

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90677 031 \*\*\*\*61.25

**DOCUMENT # NO1000007604**

1. Entity Name

**CENTRO BIBLICO PUERTAS DE SION INC.**

Principal Place of Business

Mailing Address

4450 NW 135 STREET  
 P. O. BO 4365. HIALEAH. FL 33014  
 MIAMI FL 33054

4450 NW 135 STREET  
 P. O. BO 4365. HIALEAH. FL 33014  
 MIAMI FL 33054

400320



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

**MARTINEZ, ANDRES**  
**775 HAREM AVE**  
**OPA- LOCKA FL 33054**

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

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, ANDRES</b>	
STREET ADDRESS	<b>4450 NW 135 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33054</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, BETSAIDA E</b>	
STREET ADDRESS	<b>4450 NW 135 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33054</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FERNANDEZ, GUSTAVO</b>	
STREET ADDRESS	<b>4450 NW 135 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33054</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FERNANDEZ, DORIS C</b>	
STREET ADDRESS	<b>4450 NW 135 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33054</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TEJADA, EULOGIA</b>	
STREET ADDRESS	<b>4450 NW 135 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33054</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARMEN GIL - SEC.</b>	
STREET ADDRESS	<b>4450 n.w. 135 st.</b>	
CITY-ST-ZIP	<b>Miami FL 33054</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Betsaida Martinez* **BETSAIDA MARTINEZ** 5/17/02 3059537854  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)