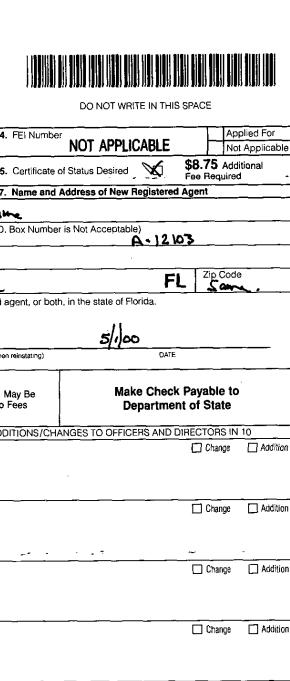
## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N49151**

iglesia fundamental ba	AUTISTA, INC. OF MIAMI, FLO	ļ
Principal Place of Business	Mailing Address	$\neg$
102 W 5TH STREET HIALEAH FL 33010 US	102 W 5TH STREET HIALEAH FL 33010-4726 US	
2. Principal Place of Business	3. Mailing Address	$\neg$
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. (
Zip Country	Zip Country	5. (

## **FILED** Jun 05, 2000 8:00 am Secretary of State

06-05-2000 90009 049 \*\*\*\*70 00



7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) ROSARIO, MOISES S 2154 W 60TH ST A-12202 HIALEAH FL 33016 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Addition ☐ Delete TITLE TITLE NAME ROSARIO, MOISES S NAME STREET ADDRESS STREET ADDRESS 8604 NW 192 TR CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33015 ☐ Addition VPD. □ Delete TITLE TITLE ROSARIO, RICARDO M NAME NAME STREET ADDRESS STREET ADDRESS 2154 W. 60TH ST. APT. 12202 CITY:ST-ZIP CITY-ST-ZIP HIALEAH FL: 33016 +--Addition Delete TITLE TITLE ROSARIO, EMILIA R NAME STREET ADDRESS STREET ADDRESS 2154 W. 60TH ST. APT. 12202 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

<u> 305-888-2073</u>