

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91297 037 ****61.25

DOCUMENT # N49151

1. Entity Name

**IGLESIA FUNDAMENTAL BAUTISTA, INC. OF MIAMI, FLO
 RIDA**

Principal Place of Business

Mailing Address

**102 W 5TH STREET
 HIALEAH FL 33010
 US**

**102 W 5TH STREET
 HIALEAH FL 33010
 US**

803209



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

NOT APPLICABLE

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

**ROSARIO, MOISES S
 350 E 2ND STREET
 APT 20S
 HIALEAH FL 33010**

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 ROSARIO, MOISES S | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 8604 NW 192 TR HIALEAH FL 33015 | |
| TITLE NAME | VPD ROSARIO, RICARDO M | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 2154 W. 60TH ST. APT. 12202 HIALEAH FL 33016 | |
| TITLE NAME | D ROSARIO, EMILIA R | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 2154 W. 60TH ST. APT. 12202 HIALEAH FL 33016 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | | |

| | | |
|-------------------------------|---|--|
| TITLE NAME | PD ROSARIO, MOISES S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 350 E. 2nd ST. APT. 20S HIALEAH FL 33010 | |
| TITLE NAME | VPD ROSARIO, RICARDO M. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 4120 71 AVEN PINELLAS PARK FL. 33781 | |
| TITLE NAME | D/T/S ROSARIO, EMILIA R. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 350 E 2nd ST. APT. 20S HIALEAH FL. 33010 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> 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]* **ROSARIO, MOISES S** 4/29/02 305-888-8073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/01)