

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90045 044 ****61.25

DOCUMENT # N97000001402

1. Entity Name

BETHEL MISSIONARY TEMPLE INC.

Principal Place of Business

**2336 NW 1 ST.
 MIAMI FL 33125**

Mailing Address

**2336 NW 1 ST.
 MIAMI FL 33125-5204**

706157

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0741925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HERNANDEZ, FELIX L
 3064 NW 13 ST.
 MIAMI FL 33125**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **HERNANDEZ, FELIX L**
 CITY-ST-ZIP **3064 NW 13 ST.
 MIAMI FL 33125**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HERNANDEZ, CLARA M**
 CITY-ST-ZIP **3064 NW 13 ST.
 MIAMI FL 33125**

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **CRESPO, LUIS A**
 CITY-ST-ZIP **610 SW 47 AVE.
 MIAMI FL 33134**

TITLE ☐ Delete
 NAME **DT**
 STREET ADDRESS **GONZALEZ-ALVAREZ, RADEE M**
 CITY-ST-ZIP **2801 NW 13 ST., UNIT C
 MIAMI FL 33125**

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **MARRERO, MAIDA**
 CITY-ST-ZIP **5401 SW 5TH ST.
 MIAMI FL 33134**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CHANG, JULIO**
 CITY-ST-ZIP **917 NW 135 CT.
 MIAMI FL 33182**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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:

Radec Gonzalez Alvarez

Radec Gonzalez Alvarez 01-16-00 305-643365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)