## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

522 HIALEAH DRIVE

3. Mailing Address

Suite, Apt. #, etc.

HIALEAH FL 33010

## DOCUMENT # **N9800000700**

522 HIALEAH DRIVE

HIALEAH FL 33010

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

IGLESIA BIBLICA BAUTISTA DE HIALEAH, INC.



## **FILED** Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90153 024 *	***
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4. FEI Number 65-08 10007	T

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City & State (		City & State		4. FEI Number 65	-0810007	:		A	pplied For			
								0010001	1	i	N	lot Applicable
Zip		Country	Zi	Zip Country			5. Certificate of Sta	atus Desired		<b>\$8.7</b> Fee R		lditional ed
6. Name and Address of Current Registered Agent							7. Name and Add	ess of New Reg	jistered	Agent		
					Nan	ne						
GARCIA, GEORGE 522 HIALEAH DRIVE					Stre	et Addres:	s (P.O. Box Number is N	ot Acceptable)				
				Silect Address								
HIALEAH	FL 33010											
					City					T Zi	р Сос	ie .
	<u>.</u> .				1				FL	-   _		
<ol><li>The above the obliga</li></ol>	e named entity itions of regist	y submits this statemen	it for the purp	ose of changing its	registered offic	e or regist	tered agent, or both, in t	he State of Florid	ia. Lam	familia	r with,	and accept
trie obliga	illoris or regist	ered agent.										
0.00												
SIGNATURE		or printed name of registered ag	gent and title if app	plicable. {NOTE	: Registered Agent s	anature requi	ired when reinstating)		DATE			
•												
				9 Flection Cam	naiga Einanoir	NG	05.00	8.8 ml s m	Char	l. D	-1-1-	
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Florida	Chec				
*							7,0000 10 7 000	i iorida	nehai	HIICH	LOI	State
10. OFFICERS AND DIRECTORS				·	11.		ADDITIONS/CHANGE	S TO OFFICERS	AND DI	RECTO	DRS IN	110
TITLE	D			☐ Delete	TITLE					☐ Ch		☐ Addition
NAME	GARCIA, G				NAME					_	•	_
STREET ADDRESS	522 HIALE				STREET ADDRE	SS						
CITY-ST-ZIP	HIALEAH F	L 33010			CITY-ST-ZIP							
TITLE	D	A. M. #		☐ Delete	TITLE		<del></del>			☐ Ch	nange	Addition
NAME	GARCIA, P				NAME							
STREET ADDRESS	522 HIALE/ HIALEAH F				STREET ADDRE	SS						~
	INIALEAN F	L 33010			CITY-ST-ZIP	-	1 121					
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SITY-ST-ZIP	HIALEAH F	<del>-</del>			STREET ADDRE	SS						
	I IIVILLEAU I	L 33010			CITY-ST-ZIP	_	·					
ITLE IAME	PHILLIP, RO	TRINSON		☐ Delete	TITLE					☐ Ch	iange	Addition
TREET ADDRESS	522 HIALE				NAME STREET ADDRE	ee						
ITY-ST-ZIP	HIALEAH F				CITY-ST-ZIP	33						
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rice :	1			☐ Delete	TITLE	Ī				☐ Ch	ange	Addition

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

VATURE REQUIRED four losaxon

☐ Delete

☐ Change

☐ Addition

CR2E037 (10/02)