

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90139 030 ****61.25

DOCUMENT # ~~N-3915~~ **N-37915**

1. Entity Name

IGLESIA MISIONERA BAUTISTA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

JOSE R. MARTINEZ

Suite, Apt. #, etc.

3. Mailing Address

7259 S.W. 22 Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

Applied For

Not Applicable

Zip

33155

Country

Zip

33155

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MARTINEZ MARIA L.

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

7259 S.W. 22 Street

City

MIAMI

FL

Zip Code

33155

**DO NOT WRITE
IN THIS SPACE**

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 **MARTIN, TEDDY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

4/24/2002

DATE

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	DP MARTINEZ JOSE R. 7259 S.W. 22 Street MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARTIN TEDDY 5970 Alton Rd. Miami Beach FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD ALONSO, EDUARDO 4324 S.W. 12 th St. MIAMI, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ZARZA, GUILLERMO 8877 A FONTAINEBLUE S108 MIAMI FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARTINEZ MARIA L. 7259 S.W. 22 Street MIAMI FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guillermo Zarza DT.

4/24/02

305)225-8458

DATE

Daytime Phone #