

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 738021**

1. Entity Name

IGLESIA BAUTISTA DE WESTCHESTER, INC.

Principal Place of Business

**2680 S W 112 AVENUE
MIAMI FL 33165**

Mailing Address

**2680 S W 112 AVENUE
MIAMI FL 33165**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1949585

Applied For

Not Applicable

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****DONET, DAVID A., ESQ.
3191 CORAL WAY, SUITE #201
MIAMI FL 33145**

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 \$61.259. 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	PT	<input checked="" type="checkbox"/> Delete
NAME	MORIYON, ESTEBAN	
STREET ADDRESS	12780 SW 26TH ST	
CITY-ST-ZIP	MIAMI FL	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MILANES, JOSE	
STREET ADDRESS	4210 SW 102 AVENUE	
CITY-ST-ZIP	MIAMI FL	

TITLE	VPT	<input type="checkbox"/> Delete
NAME	NUNEZ, ANDRES	
STREET ADDRESS	9740 SW 74 ST	
CITY-ST-ZIP	MIAMI FL 33173	

TITLE	T	<input type="checkbox"/> Delete
NAME	SOLER, HIDELGAR	
STREET ADDRESS	7886 SW 106 CIRCLE	
CITY-ST-ZIP	MIAMI FL 33173	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NUPEZ, GRISEL	
STREET ADDRESS	9740 SW 74 CT	
CITY-ST-ZIP	MIAMI FL	

TITLE	T	<input type="checkbox"/> Delete
NAME	ABELLA, ELSA	
STREET ADDRESS	3400 SW 124 CT	
CITY-ST-ZIP	MIAMI FL 33175	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT ANDRES NUNEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9740 SW 74 ST	
CITY-ST-ZIP	MIAMI FL 33173	

TITLE	VPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY VAZQUEZ	<input checked="" type="checkbox"/>
STREET ADDRESS	14361 SW 99 AVE	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IVETTE BORGE	
STREET ADDRESS	9373 SW 155 AVE	
CITY-ST-ZIP	MIAMI FL 33193	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTOLIN GONZALEZ	
STREET ADDRESS	14471 SW 180 TERR	
CITY-ST-ZIP	MIAMI FL 33177	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA ACOSTA	
STREET ADDRESS	3132 SW 132 PL	
CITY-ST-ZIP	MIAMI FL 33175	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

ANDRES J. NUÑEZ**4/26/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)