

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

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90137 050 \*\*\*\*70.00

**DOCUMENT # 704312**



1. Entity Name  
**IGLESIA BAUTISTA SARON, INC.**

Principal Place of Business Mailing Address  
**900 N.W. 30TH STREET 900 N.W. 30TH STREET**  
**MIAMI FL 33127 MIAMI FL 33127**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-7080304**

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

**RIVERA, MAURA**  
**810 NE 147 STREET**  
**MIAMI FL 33161**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>RIVERA, MAURO</b>	
STREET ADDRESS	<b>810 N.E. 147TH STREET</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>CHAVEZ, REGINO</b>	
STREET ADDRESS	<b>660 85TH STREET, APT. 403</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>PALACIOS, MIGUEL</b>	
STREET ADDRESS	<b>17101 S.W. 121ST AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>RIVERA, AMERICA</b>	
STREET ADDRESS	<b>810 N.E. 147TH STREET</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>SERRANO, LUISA M</b>	
STREET ADDRESS	<b>9871 S.W. 45TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: *Maura Rivera* **SIGNATURE REQUIRED**

**FEB. 1 - 2003**

CR2E037 (10/02)