

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710464

1. Entity Name

NORTHSIDE SPANISH BAPTIST CHURCH, INC.

Principal Place of Business

1200 W 4TH AVENUE
HIALEAH FL 33010

Mailing Address

1200 W 4TH AVENUE
HIALEAH FL 33010-3826

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE ARMAS, RAFAEL
4630 SOUTH FAIRWAY DRIVE
PUNTA GORDA FL 33982

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 \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME SD
STREET ADDRESS PERDOMO, AIDA
CITY-ST-ZIP 890 WEST 45 PLACE
HIALEAH FL ☒ Delete

TITLE
NAME SD
STREET ADDRESS CASANOVA ALINA
CITY-ST-ZIP 790 E 7 ST (REAR)
HIALEAH FL-33010 ☒ Change ☐ Addition

TITLE
NAME TD
STREET ADDRESS CARDONA, JOAQUIN
CITY-ST-ZIP 1215 W 79 ST
HIALEAH FL ☒ Delete

TITLE
NAME TD
STREET ADDRESS BERNALDO ALEX
CITY-ST-ZIP 1220 SW 94 AVE
MIAMI FL-33174 ☒ Change ☐ Addition

TITLE
NAME PD
STREET ADDRESS MOLLINER, JOSE L REV
CITY-ST-ZIP 930 WREN AVE
MIAMI SPRINGS FL ☒ Delete

TITLE
NAME PD
STREET ADDRESS OCAÑA PEDRO ALBERTO
CITY-ST-ZIP 2757 W 71 PL
HIALEAH FL-33016 ☒ Change ☐ Addition

TITLE
NAME V
STREET ADDRESS JIMENEZ, FRANCISCO
CITY-ST-ZIP 4385 WEST 12 LANE
HIALEAH FL ☐ Delete

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

TITLE
NAME VTD
STREET ADDRESS NUNEZ, ELSA
CITY-ST-ZIP 10400 S.W. 27 STREET
MIAMI FL ☒ Delete

TITLE
NAME VTD
STREET ADDRESS MEDINA MARILY
CITY-ST-ZIP 941 ORIOLE AVE
MIAMI SPRINGS FL-33166 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN-11-2000 (305)885-7389

Date

Daytime Phone #

CR2E037 (9/99)