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

## FILED Feb 21, 2002 8:00 am § Secretary of State 02-21-2002 90155 040 \*\*\*\*61.25

NORTHSIDE SPANISH BAPTIST CHURCH, INC.  Principal Place of Business Mailing Address	rincipal Place of Business	Mailing Address	- 1
NORTHSIDE SPANISH BAPTIST CHURCH, INC.			
	NORTHSIDE SPANISH BAP1	TIST CHURCH, INC.	
	Entity Name		i

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Principal Place of Business  1200 W 4TH AVENUE HIALEAH FL 33010		Mailing Address								
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2 Principal F	Place of Business		2 Mailing Address							
Z. Principal F	riace of Business	•	3. Mailing Address	S				i didi bidil bidil	ALAN ELAN ALA	I DIRIL IDDI
Suite, Apt. #, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		4. FEI Numi	4. FEI Number 59-1440918		_ <del>                                    </del>	oplied For ot Applicable	
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						<u></u>		ee Require	<u>d</u>  .	
	6. Name an	d Address of Currer	t Registered Agent	·	Name	7. Name an	d Address of New F	Registered A	gent	
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	s, rafael				Street Ac	Idress (P.O. Box Numi	oer is Not Acceptabl	e)	_	
	JTH FAIRWAY (	_								
PUNIA G	ORDA FL 3398	2			City			FL	Zip Cod	e
5 Thb		4		-1 21						
8. The above	e named entity st	iomits this statement	for the purpose of chan	iging its registe	rea office or	registered agent, or b	oth, in the state of FR	orida.		\
SIGNATURE		inted name of registered ago	nt and title if applicable	(NOTE: Pagister	ad Apont signatur	a required when reinstation)		DATE		
SIGNATURE		inted name of registered age	nt and title if applicable.	(NOTE: Register	red Agent signatur	e required when reinstating)		DATE		
. 76	Signature, typed or pr	* : » # * *					De Ma		Paváhle	to
. 76	Signature, typed or pr	inted name of registered age	9. Elect	(NOTE: Register tion Campaign t Fund Contribu	Financing	\$5.00 May Added to Fee		nke Check Departmen		
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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. P.T FEB-01-02 35-885-7389

SIGNATURE: