

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90100 019 \*\*\*\*61.25

**DOCUMENT # 716836**

1. Entity Name

**IGLESIA BAUTISTA GETSEMANI, INC.**

Principal Place of Business

5298 N.W.7TH ST.  
 MIAMI FL 33126

Mailing Address

5298 N.W.7TH ST.  
 MIAMI FL 33126

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

-Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2226611

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RIVERO, RAMON  
 270 NW 71 AVE #2  
 MIAMI FL 33126

7. Name and Address of New Registered Agent

Name ~~ODELFA ALFONSO~~  
 Street Address (P.O. Box Number is Not Acceptable)  
 101 SW 62 CT  
 MIAMI, Florida  
 City **FL** Zip Code **33144**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOREIRA, A	
STREET ADDRESS	14200 SW 106 TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANZA, LUIS	
STREET ADDRESS	8273 NW 7TH STREET	
CITY-ST-ZIP	MIAMI FLORIDA 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	ODELFA, ALFONSO	
STREET ADDRESS	101 SW 62 CT	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, J.R.	
STREET ADDRESS	282 NW 72ND AVE.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, CELSO	
STREET ADDRESS	5298 N.W.7TH ST.	
CITY-ST-ZIP	MIAMI FLORIDA 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTRO, JUAN	
STREET ADDRESS	8615 NW 85TH STREET #120	
CITY-ST-ZIP	MIAMI FL 33126	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS MANUEL RIVERO	
STREET ADDRESS	9888 FONTAN BLVD BLDG 100 apt #305	
CITY-ST-ZIP	MIAMI FLA 33144	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNESTO CLAVEL	
STREET ADDRESS	6807 SW 105 CT	
CITY-ST-ZIP	MIAMI FLA 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENRIQUE GONZALEZ	
STREET ADDRESS	2540 SW 16 ST	
CITY-ST-ZIP	MIAMI FLA 33145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*ODELFA ALFONSO*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-29-01 (305) 418-3099  
 Date Daytime Phone #

CR2E037 (10/00)