

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 719620**

1. Entity Name

WESTCHESTER SPANISH CHRISTIAN CHURCH, INC.

Principal Place of Business

**10601 S.W. 48 ST.
MIAMI FL 33165**

Mailing Address

**10601 S.W. 48 ST.
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

23-7119205

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**PEREZ, ALFREDO
8340 SOUTHWEST 87TH TERRACE
MIAMI FL 33143**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	PEREZ, ALFREDO	8340 SW 87TH TERR	MIAMI FL 33143	<input type="checkbox"/>

SD	VAN DALEN, GERARDO	11971 S.W. 119TH STREET	MIAMI FL 33186	<input type="checkbox"/>
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TD	ECHEZABAL, NELSON	13011 S.W. 44 ST.	MIAMI FL 33175	<input type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

				<input type="checkbox"/>	<input type="checkbox"/>
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		11935 SW 119 PLACE	MIAMI FL 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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.

SIGNATURE:

GERARDO VAN DALEN

Date

Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90044 003 ****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)