

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719620

1. Entity Name

WESTCHESTER SPANISH CHRISTIAN CHURCH, INC.

Principal Place of Business

Mailing Address

10601 S.W. 48 ST.
MIAMI FL 33165

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

PEREZ, ALFREDO
8340 SOUTHWEST 87TH TERRACE
MIAMI FL 33143

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 PD
STREET ADDRESS PEREZ, ALFREDO
CITY-ST-ZIP 8340 SW 87TH TERR
MIAMI FL 33143

☐ Delete

TITLE
NAME SD
STREET ADDRESS VAN DALEN, GERARDO
CITY-ST-ZIP 11971 S.W. 119TH STREET
MIAMI FL 33186

☐ Delete

TITLE
NAME TD
STREET ADDRESS ECHEZABAL, NELSON
CITY-ST-ZIP 11935 SW 119 PLACE
MIAMI FL 33186

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☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECY/DIR. 4/24/02 (305) 559-4851

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90189 047 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)