

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

0025929

DOCUMENT # 720172

1. Entity Name

ST. SIMON'S EPISCOPAL CHURCH, INC.

03-31-2002 90345 006 ****61.25

Principal Place of Business 10950 S.W. 34TH ST. MIAMI FL 33165-3542	Mailing Address 10950 S.W. 34TH ST. MIAMI FL 33165-3542
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DO NOT WRITE IN THIS SPACE

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 59-0992601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDOVAL, MD, REV. CARLOS
10950 S.W. 34TH ST.
MIAMI FL 33165-3542

7. Name and Address of New Registered Agent

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 _____ (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 type="checkbox"/> Delete
NAME	SANDOVAL, CARLOS	
STREET ADDRESS	10950 S.W. 34TH ST.	
CITY-ST-ZIP	MIAMI FL 33165-3542	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALFONSO, HENRY	
STREET ADDRESS	17783 SW 145 AVE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	AGUIERO, ALINA	
STREET ADDRESS	8125 SW 163 PLACE	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Roberto Agüero	
STREET ADDRESS	8125 SW 163 Place	
CITY-ST-ZIP	Miami, FL 33193	
TITLE	T	<input type="checkbox"/> Delete
NAME	Castellon, Bienvenido	
STREET ADDRESS	15292 SW 46 LANE	
CITY-ST-ZIP	Miami, FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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: *Roberto Agüero*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/22/2002** Daytime Phone #: **(305) 221-4753**

CR2E037 (9/01)