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NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
04-02-2002 90092 011 ****70.00

DOCUMENT # 720445

1. Entity Name: Iglesia Bautista Hispana Emmanuel, Inc.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3001 N.W. 167 Terr	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State
Zip: 33055 Country: DADE	Zip Country

4. FEI Number: 59-2454259 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mercedes M. Rivera

Street Address (P.O. Box Number is Not Acceptable): 5879 S.W. 178th Ave

City: S.W. Ranches FL Zip Code: 33331

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: Mercedes M. Rivera 3/20/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	President: Humberto CRUZ 3001 N.W. 167th Terr Miami, Fl. 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Vice President: Esther CRUZ 3001 N.W. 167th Terr Miami Fl. 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Secretary Maria M. Salmeron 4931 N.W. 170th St Miami Fl-33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Treasurer: 18921 NW. 52nd Ave Carol City Romulo Valdez Fl. 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/20/2002
OF OFFICER OR DIRECTOR Date Daytime Phone #