

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90002 048 ****61.25

DOCUMENT # 723735

1. Entity Name
PRIMERA IGLESIA BAUTISTA LIBRE DE HIALEAH, INC.

Principal Place of Business 26 E. 7 ST. HIALEAH FL 33010	Mailing Address 26 E. 7 ST. HIALEAH FL 33010
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A0069506



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 59-2218792	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
WAITE, JAIME A.
1020 N.W. 32ND STREET
MIAMI FL 33127

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
After September 13, 2000 min. will be \$236.25

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	S	<input type="checkbox"/> Delete
NAME	PENA, OBDULIA	
STREET ADDRESS	702 E 30 ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	UNCAL, DANNY	
STREET ADDRESS	560 W. 65 DRIVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	UNCAL, DORIS	
STREET ADDRESS	560 W 65TH DR	
CITY-ST-ZIP	HIALEAH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ECHAVARRIA, ANTONIO	
STREET ADDRESS	345 W 16 ST	
CITY-ST-ZIP	HIALEAH, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SUAREZ, REV. ISREAL	
STREET ADDRESS	18 EAST 7TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASTILLO, REV RAUL M	
STREET ADDRESS	2901 NW 91 STREET	
CITY-ST-ZIP	MIAMI FL	

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: **SIGNATURE REQUIRED**

7-19-00