

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90099 049 ****70.00

DOCUMENT # 725506

1. Entity Name

GOOD NEWS BAPTIST CHURCH, INC. OF MIAMI

Principal Place of Business

Mailing Address

1351 N.W. 32ND COURT
 MIAMI FL 33125-1849

1351 N.W. 32ND COURT
 MIAMI FL 33125-1849

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0188877

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSONA, SOSA

~~3680 SW 62ND CT.~~ **14250 S.W. 62 ST. #220**
~~MIAMI FL 33157~~ **33183**

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	T	<input checked="" type="checkbox"/> Delete
NAME	AGUAYO, JOSE	
STREET ADDRESS	740 N.W. 25 AVE. #219	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORRES, TOMAS	
STREET ADDRESS	5980 W FLAGER ST #4	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUZMAN, JUANA CELIA	
STREET ADDRESS	2505 SW 132 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, JUAN	
STREET ADDRESS	525 S.W. 59 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, RIGOBERTO	
STREET ADDRESS	201 S.W. 51ST AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GUZMAN, OBEL	
STREET ADDRESS	8821 SW 52ND ST.	
CITY-ST-ZIP	MIAMI FL 33165	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFREDO CATAZANA	
STREET ADDRESS	8758 S.W. 12 ST. #103	
CITY-ST-ZIP	MIAMI, FLA. 33174	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOAQUIN ABELLA	
STREET ADDRESS	1771 W. 80 ST.	
CITY-ST-ZIP	HIALEACH, FLA. 33014	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **OBEL GUZMAN, 1-19-01. (305)635-8258**

Date

Daytime Phone #

CR2E037 (10/00)

WS7070