

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90073 043 ****61.25

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

Zip

Country

Zip

Country

4. FEI Number

51-0188877

Applied For

Not Applicable

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
 14250 SW 62 ST
 # 220
 MIAMI FL 33183**

Name

OBEL GUZMAN

Street Address (P.O. Box Number is Not Acceptable)

1351 N.W. 32nd COURT

City

MIAMI

FL

Zip Code

33125-1849

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 **D** Delete
 NAME **CARRAZANA, ALFREDO**
 STREET ADDRESS **8758 SW 12 ST # 103**
 CITY-ST-ZIP **MIAMI FL 33174**

TITLE **D** Change Addition
 NAME **SOSA NELSON**
 STREET ADDRESS **142 S.W. 62 th ST**
 CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **D** Delete
 NAME **TORRES, TOMAS**
 STREET ADDRESS **5980 W FLAGLER ST #4**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **GUZMAN, JUANA CELIA**
 STREET ADDRESS **2505 SW 132 CT**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ABELLA, JOAQUIN**
 STREET ADDRESS **1771 W 80 ST**
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DIAZ, RIGOBERTO**
 STREET ADDRESS **201 S.W. 51ST AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **GUZMAN, OBEL**
 STREET ADDRESS **8821 SW 52ND ST.**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE Change 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 RESIDENT

04/22/02

(305) 635 8058

CR2E037 (9/01)