2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

FILED Mar 15, 2001 8:00 am [§] Secretary of State **DOCUMENT # 732926** 1. Entity Name 03-15-2001 90027 014 ****61.25 PRIMERA IGLESIA BAUTISTA HISPANA, INC. Mailing Address Principal Place of Business 1790 NE 2ND CT. 1790 NE 2ND CT. MIAMI FL 33132 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEi Number City & State 59-2370025 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SALCEDO, RUGERO 864 W 72 PL HIALEAH FL 33014 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. T Delete Treasurer Change Addition TITLE TITLE Ana Enamorado NAME AGUILAR, MARTHA NAME STREET ADDRESS 925 NE 130 Street STREET ADDRESS 1790 NE COURT CITY-ST-7IP Miami, Florida 33161 CITY-ST-ZIP MIAMI FL Change ☐ Addition TITLE TITLE ☐ Delete NAME SALCEDO, ZAIDA NAME STREET ADDRESS STREET ADDRESS 864 W 72 PL CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL Change Addition TITLE PD. Delete TOTALE NAME NAME SALCEDO, RUGERO STREET ADDRESS STREET ADDRESS 864 W 72ND PLACE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Change ☐ Addition TITLE Delete TITLE SALCEDO, EFRAIN NAME NAME STREET ADDRESS STREET ADDRESS 864 W 72 PLACE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME SOLIS, CRISTOBAL STREET ADDRESS STREET ADDRESS 10 NE 181ST STREET CITY-ST-7IP CITY-ST-ZIP NORTH MIAMI FL ☐ Change **★** Addition 🟝 Delete Director TITLE LIMA, ERWIN NAME Mayra Enamorado NAME STREET ADDRESS STREET ADDRESS 925 NE 130 Street 2630 NE 204 TERR CITY-ST-ZIP CITY-ST-ZIP <u>North Miami</u> BCH Miami, Florida 33161 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 of 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

(305)374-2766