

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

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90062 015 ****61.25

DOCUMENT # 742058

1. Entity Name

EL SALVADOR EAST HIALEAH BAPTIST CHURCH



DO NOT WRITE IN THIS SPACE

94053836

2. Principal Place of Business
3805 W 8th Ave

3. Mailing Address
3805 W 8th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HIALEAH, FL

City & State
HIALEAH, FL

4. FEI Number
59-2342907

Applied For
Not Applicable

Zip
33012

Country
E.U.

Zip
33012

Country
E.U.

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

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7. Name and Address of Current Registered Agent

Name
GARCIA, REINALDO

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

4283 WEST 6 CT

City
HIALEAH

FL Zip Code
33012

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
ROMERO, JOSE MANUEL
7451 WEST 30 LN
HIALEAH, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
BARROSO, MARIO
6879 SW 19 ST
HIALEAH, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GARCIA, REINALDO
4283 WEST 6th CT
HIALEAH, FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ROMERO, MARITZA
7451 WEST 30 LN
HIALEAH, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Maritza Romero

04/12/2004 (305) 557-1723

CR2E037B (12/02)