

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

0016210

**DOCUMENT # 753020**

1. Entity Name

**IGLESIA BAUTISTA MOREB, INC.**

02-13-2002 90174 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

725 WEST 68TH STREET  
 HIALEAH FL 33014-4814

795 WEST 68TH STREET  
 HIALEAH FL 33014-4814

00023406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1963408**

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

**FERNANDEZ, OTTONIEL REV**  
**6974 BOTTLE BRUSH DR**  
**MIAMI LAKES FL 33014**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 **PD**  Delete  
 NAME **FERNANDEZ, OTTONIEL (REV)**  
 STREET ADDRESS **6974 BOTTLE BRUSH DR**  
 CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **V**  Change  Addition  
 NAME **Julio Garcia**  
 STREET ADDRESS **870 East 28th Street**  
 CITY-ST-ZIP **Hialeah, Florida**

TITLE **T**  Delete  
 NAME **LOPEZ, YOLANDA**  
 STREET ADDRESS **3831 WEST 2ND LANE**  
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **HERNANDEZ, JOSE**  
 STREET ADDRESS **795 WEST 68TH STREET**  
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SC**  Delete  
 NAME **IGLESIAS, SILVIA**  
 STREET ADDRESS **8005 WEST 6 AVE APT H**  
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **MATOS, SAMUEL**  
 STREET ADDRESS **5800 WEST 18 LANE #101**  
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Raz. Ottoniel Fernandez* **STATED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23 02

305-824-3632  
 305-819-44

Date Daytime Phone #

CR2E037 (9/01)