03 Amended UBR

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

FILED

03 JUN -9 PM 12:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 759642

1. Entity Name

IGLESIA BAUTISTA BETANIA INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15300 SW 288st	P.O BOX 901567
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Leisure city Florida	City & State: Homestead FLORIDA
Zip: 33033 Country: DADE	Zip: 33090 Country: DADE

4. FEI Number: Not Applicable ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: EDWARDO ZARATE

Street Address (P.O. Box Number is Not Acceptable): 28465 SW 158 ct

City: Homestead FL Zip Code: 33033

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: Sourdou ~ Ayala Eneida Sourdan-Ayala 3/19/03
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	JOSE ABELLA	TITLE	VOID
NAME	PRESIDENT	NAME	
STREET ADDRESS	30701 SW 150 AVE	STREET ADDRESS	
CITY-ST-ZIP	Leisure city FL 33033	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	000014417473
NAME	ALIDA MARTINEZ	NAME	03/20/03-01070-014 **70.00
STREET ADDRESS	12344 SW 252 Terr	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL. 33176	CITY-ST-ZIP	
TITLE	SECRATARY	TITLE	DO NOT WRITE
NAME	NANCY ABELLA	NAME	
STREET ADDRESS	30701 SW 150 AVE	STREET ADDRESS	
CITY-ST-ZIP	Leisure city FL 33033	CITY-ST-ZIP	
TITLE	TREASUER	TITLE	IN THIS SPACE
NAME	JOSE E. LOPEZ	NAME	
STREET ADDRESS	100 NE 6 AVE #811	STREET ADDRESS	
CITY-ST-ZIP	Homestead FL 33038	CITY-ST-ZIP	
TITLE	VOCAL	TITLE	
NAME	IBELIZE VEITIA	NAME	
STREET ADDRESS	30701 SW 150 AVE	STREET ADDRESS	
CITY-ST-ZIP	leisure city FL 33033	CITY-ST-ZIP	
TITLE	VOCAL	TITLE	
NAME	RAUL GONZALEZ	NAME	
STREET ADDRESS	30175 SW 162 AVE	STREET ADDRESS	
CITY-ST-ZIP	Homestead FL. 33033	CITY-ST-ZIP	

CR2E037B (12/02)

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: PRESIDENT 06/06/03 305-245-9985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 6/9