

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90063 048 ****61.25

0038151

DOCUMENT # 765791

1. Entity Name

LA PUNTA SPANISH CONGREGATION OF JEHOVA'S WITNES

Principal Place of Business

Mailing Address

C/O MIGUEL RAMIREZ
 601 SW 7 ST.
 MIAMI FL 33130

C/O MIGUEL RAMIREZ
 601 SW 7 ST.
 MIAMI FL 33130

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

59-2386314

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

CARRERA, WALTER A
1661 SW 11 TERR
MIAMI FL 33135

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:
FEES 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 NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VPD RAMIREZ, MIGUEL	1020 SW 5 ST # 1	MIAMI FL 33130	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
PD QUINTANA, LINO L.	2537 SW 13 ST	MIAMI FL 33145	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
SD QUINTANA, GUILLERMO	2357 SW 13 ST	MIAMI FL 33145	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
TD CARRERA, WALTER A	1661 SW 11 TERR	MIAMI FL 33135	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)