2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765791

1. Entity Name

LA PUNTA SPANISH CONGREGATION OF JEHOVA'S WITNES



Secretary of State 01-30-2003 90168 034 ****70.00

FILED

Jan 30, 2003 8:00 am

SES OF MIAMI FLORIDA INC.

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

Principal Place of Business

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

| | • | 4.1. 4.1. 4.2. 22.734 | | | | HAN MARI DA | | |
|--|--|-----------------------------------|--|----------------------------------|---------------------------------------|-----------------------|----------------------------|--------|
| 2. Principal Place of Business C/O Lino L. Quintama GOI SW 75T C/O Lino L Quintama | | | | 757 | | | | |
| Suite, Apt. | | Suite, Apt. #, etc. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 | ECK HERE IF MAKING | CHANGES | ; | |
| City & State Mi Ami FLORIDA | | City & State, Mi Ami FL | City & State Mi Ami FLORIDA | | 4. FEI Number 59-2386314 | | Applied For Not Applicable | |
| ^{Zip} 33/2 | | 33/30 | Country USA. | 5. Certificate of Statu | | 8.75 Ad ee Require | ditional | 1 |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Addres | s of New Registered Ag | ent | | 1. |
| in c | _ | | Name | | | | | |
| QUINTANA, LINO L 2537 SW 13TH STREET MIAMI FL 33145 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | City | | FL | Zip Cod | le | 1 |
| | named entity submits this statement fo | r the purpose of changing its re | gistered office or re | egistered agent, or both, in the | State of Florida. I am fa | niliar with, | and accept | † |
| the obligat | tions of registered agent. | | | | | | | |
| 0.0044 | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | and title if applicable (NOTE: Re | egistered Agent signature | required when reinstating) | DATE | | | |
| | | | | | | | | { |
| FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Con | | | aign Financing | \$5.00 May Be | Make Check | Payable | to | |
| | | | itribution. E | Added to Fees | Florida Departn | rent of | State | |
| 10. | OFFICERS AND DIF | RECTORS | 11. | ADDITIONS/CHANGES | TO OFFICERS AND DIRE | CTORS IN | J 10 | 4 |
| TITLE | VPD OF FIGURE AND BIT | ₩ Delete | TITLE 1 | /PD | | Change | Addition | í |
| NAME | RAMIREZ, MIGUEL | J 20000 | NAME | sicual DeLGADO | • | | | (10/02 |
| STREET ADDRESS | 1020 SW 5 ST # 1 | | STREET ADDRESS | 920 SW 7416 | | | | 37 (|
| CITY-ST-ZIP | MIAMI FL 33130 | | CITY-ST-ZIP | niami FL 33130 | · · · · · · · · · · · · · · · · · · · | | ==,0 | E037 |
| TITLE | PD | ☐ Delete | TITLE | | [| Change | ☐ Addition | CR2 |
| NAME CERET ARRESTO | QUINTANA, LINO L. | | NAME CZRSET ADDRESS | | | | | |
| STREET ADDRESS - CITY-ST-ZIP | 2537 SW 13 ST MIAMI FL-33145 | | STREET ADDRESS - CITY=ST=ZIP | - | | | | ļ |
| TITLE | SD SD | □ Delete | TITLE | | | Change | ☐ Addition | 1 |
| NAME | QUINTANA, GUILLERMO | □ Delete | NAME | | ' | change | LJ Addition | ł |
| STREET ADDRESS | 2357 SW 13 ST | | STREET ADDRESS | | | | | ł |
| CITY-ST-ZIP | MIAMI FL 33145 | | CITY-ST-ZIP | | | | | |
| TITLE | π | ☐ Delete | TITLE | | | Change | ☐ Addition | |
| NAME | COLINDRES, MELVIN | | NAME | | | | | |
| STREET ADDRESS | 100 SW 31 AVE | | STREET ADDRESS | | | | | } |
| CITY-ST-ZIP | MIAMI FL 33135 | | CITY-ST-ZIP | | | | |] |
| TITLE | | ☐ Delete | TITLE | | [| Change | ☐ Addition | |
| NAME CEDEET ADDRESS | | | NAME | | | | | 1 |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | | |
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| TITLE NAME | | ☐ Delete | TITLE NAME | | L | _] Change | Addition Addition | |
| STREET ADDRESS | | • | STREET ADDRESS | | | | | ĺ |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |

12. I hereby certify that the information supplied with this filling 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:

1-25- Evillermo QuiNTANA 1-27-03 (305)541-8107