

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768551

1. Entity Name

FIRST SPANISH BAPTIST CHURCH OF NORTH MIAMI BEAC

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90069 022 ****61.25

Principal Place of Business

Mailing Address

1331 N PALM AVE
PEMBROKE PINES FL 33026
US

19308 NW 46TH AVE
CAROL CITY FL 33055-2158
US

2. Principal Place of Business

3. Mailing Address

18351 N.W. 68 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Lakes Fla.

Zip
33055

Country

U.S.A

Zip

Country

4. FEI Number

59-2321556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, JUAN A
19308 N.W. 46 AVE.
CAROL CITY FL 33055

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PEREZ, JUAN A
STREET ADDRESS 19308 N.W. 46 AVE.
CITY-ST-ZIP CAROL CITY FL 33055

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME BARCOS, JUAN
STREET ADDRESS 6700 W. 24 CT. #16-12
CITY-ST-ZIP HIALEAH FL 33016

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME DORIS N. PABON
STREET ADDRESS 2040 N. DOUGLAS RD. #105
CITY-ST-ZIP PEMBROKE PINES FL

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/00

Date

Daytime Phone #