

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91342 036 \*\*\*\*61.25

00054315

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** 770733  
 1. Entity Name  
 IGLESIA BAUTISTA HISPANA DE WESTLAND, INC.

Principal Place of Business: 1540 W.60th ST, HIALEAH, FL, 33012-6259  
 Mailing Address: 1550 w,60 ST., HIALEAH, FL33012-6259

2. Principal Place of Business: Suite, Apt. #, etc. City & State, Zip, Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State, Zip, Country

4. FEI Number: 59-2844712 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GARCIA, ANDRES J, REV.  
 2442 W, 71ST PL  
 HIALEAH, FL 33016

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
 Make Check Payable to: Department of State  
**FILE NOW: FEE IS \$61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME	PCD	<input type="checkbox"/> Delete
STREET ADDRESS	GARCIA, ANDRES J. REV.	
CITY-ST-ZIP	2442 W.71ST PL HIALEA FL 33016	
TITLE NAME	SD	<input type="checkbox"/> Delete
STREET ADDRESS	CHAVEZ, IRIS	
CITY-ST-ZIP	5731 W.21AV.HIA, FL 33016	
TITLE NAME	TD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	RIOS, ELA	
CITY-ST-ZIP	6375 W 22Ct #108 HIALEAH, FL 33016	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	DELGADO, ANA. O.	
CITY-ST-ZIP	1770 W 60ST HIALEAH, FL. 33012	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Andres Garcia ANDRES J GARCIA 4-25-01 (305) 825-8752  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/100)