

# 2001 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT #</b> 770733 <span style="float:right">AMENDED</span>				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  01 JUN -8 AM 11:57	
1. Entity Name <b>IGLESIA BAUTISTA HISPANA DE WESTLAND, INC.</b>					
Principal Place of Business 1550 W 60 Street Hialeah FL 33012			Mailing Address 1550 W 60 Street Hialeah FL 33012		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2844712	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Rev. Andrés J. García 2442 W 71 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCD <input checked="" type="checkbox"/> Delete		TITLE	P/C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Rev. García, Andrés Rev		NAME	Rev. Angel López Jr	
STREET ADDRESS	2442 W 71 Pl Hialeah FL 33016		STREET ADDRESS	13730 SW 32 St Miami FL 33175	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S/D <input type="checkbox"/> Delete		TITLE		
NAME	Iris Chávez		NAME		
STREET ADDRESS	5731 W 21 Ave Hialeah FL 33016		STREET ADDRESS	000004435480--1	
CITY-ST-ZIP			CITY-ST-ZIP	-06/21/01--01081--001	
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Ana O. Delgado/Rios, Ela		NAME	Silvio Granada	
STREET ADDRESS	1770 W 60 St Hialeah FL 33012		STREET ADDRESS	4800 NW 173 Dr Carol City FL 33055	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	M/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Lilly Pérez	
STREET ADDRESS			STREET ADDRESS	17617 SW 32 St Miramar FL 33029	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Raúl Acosta	
STREET ADDRESS			STREET ADDRESS	18954 NW 67 Pl Miami FL 33015	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, and all other like empowered.					
SIGNATURE: _____			Rev. Angel López Jr. 6/04/01 786.218.9563		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

CR2E037 (11/00)