

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90049 030 \*\*\*\*70.00

**DOCUMENT # 809772**

1. Entity Name

**GENERAL CONFERENCE CORPORATION OF SEVENTH-DAY AD VENTISTS**

Principal Place of Business

Mailing Address

8100 SW 117TH AVENUE  
 MIAMI FL 33183-4827

P O BOX 830518  
 MIAMI FL 33283-0518  
 US

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

**59-6001176**

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

**RAMON H. MAURY**  
**12302 S.W. 104TH LANE**  
**MIAMI FL 33186**

Name  
~~FILIBERTO-VERDUZCO~~

Street Address (P.O. Box Number is Not Acceptable)  
**716 BOABADILLA STREET**

City  
**CORAL GABLES**

**FL**

Zip Code  
**33134**

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

**FILIBERTO VERDUZCO** TREASURER

**March 6, 2002**

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 **LEITO, ISRAEL J**  
 STREET ADDRESS **15977 SW 110 ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **MAURY, RAMON H.**  
 STREET ADDRESS **12302 S.W. 104TH LANE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **TD**  Change  Addition  
 NAME **VERDUZCO, FILIBERTO**  
 STREET ADDRESS **716 BOABADILLA STREET**  
 CITY-ST-ZIP **CORAL GABLES, FLORIDA 33134**

TITLE **SD**  Delete  
 NAME **REID, FAYE A**  
 STREET ADDRESS **7420 SW 99TH COURT**  
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE **SD**  Change  Addition  
 NAME **PERLA, JUAN**  
 STREET ADDRESS **7400 SW 107TH AVENUE**  
 CITY-ST-ZIP **MIAMI, FLORIDA 33173**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 NAME  
 STREET ADDRESS  
 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** **FILIBERTO VERDUZCO** **3-06-02** **305-403-4700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)