

DOCUMENT # N00000000231

1. Entity Name

MIAMI BIBLE FELLOWSHIP CHURCH, INC.

Principal Place of Business

6700 S.W. 106TH PLACE
MIAMI FL 33173

Mailing Address

6700 S.W. 106TH PLACE
MIAMI FL 33173

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0973374

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

LOPEZ, RENE A

6700 S.W. 106TH PLACE
MIAMI FL 33173

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME President
STREET ADDRESS René A. Lopez
CITY-ST-ZIP 6700 S.W. 106th Place D
Miami, FL 33173TITLE ☐ Change ☐ Addition
NAME VP
STREET ADDRESS Mario Yngerto
CITY-ST-ZIP 7876 N.W. 106th Terr. D
Miami Lakes 33016TITLE ☐ Change ☐ Addition
NAME T/S
STREET ADDRESS Marialis Lopez
CITY-ST-ZIP 6700 SW 106th Pl. D
Miami, FL 33173TITLE ☐ Change ☒ Addition
NAME Christian Education Director
STREET ADDRESS Waldo Cardenas
CITY-ST-ZIP 14360 S.W. 90th Terr. D
Miami, FL 33186TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Marialis Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/01 (305) 279-7671

Daytime Phone #

CR2E037 (10/00)

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-17-2001 90082 026 ****61.25



DO NOT WRITE IN THIS SPACE