2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or

SIGNATURE:

Apr 05, 2001 8:00 am Secretary of State DOCUMENT # N0000004774 04-05-2001 90004 041 ****70.00 GLORY OF CHRIST NON DENOMINATION CHRISTIAN CHURC Principal Place of Business Mailing Address 14262 SW 105 TERR 14262 SW 105 TERR MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address <u>8603 SW 40th Street</u> .O. Box 651551 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE N/A City & State City & State 4. FEI Number Applied For Miami, Florida Not Applicable Miami 65-1065061 Country Zip \$8.75 Additional 5. Certificate of Status Desired \mathbf{x} 33155 Dade Fee Required 33265 Dade 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RODRIGUEZ, MICHAEL A 11254 NW 53RD LANE **MIAMI FL 33178** City Zip Code 8. The above named this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. <u> Michael Af Rodriguez Vice-President Trustee 4-1 -01</u> **SIGNATURE** 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change TITLE ☐ Addition s. Delete TITLE Ρ. NAME NAME Rafael Gabay, ----(T) 13299 SW 112 Terr. Unit4 (existing Irene Gabay----(T) STREET ADDRESS STREET ADDRESS 13299 SW 112Terr. Unit 4 CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 32186 Miami, Florida 32186 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME Barbara M. Herrera---(T) STREET ADDRESS STREET ADDRESS 4670 SW 101 Avenue "": 1 CITY-ST-ZIP CITY-ST-ZIP Miamir Florida 33165 Change TITLE Delete TITLE ☐ Addition NAME Daisy I. Rodriguez----(T) 11254 NW 53rd. Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP (existing) <u>Miami, Florida 33178</u> Changé ☐ Addition Delete TITLE TITLE NAME Michael A. Rodriguez---(T) STREET ADDRESS STREET AODRESS 11254 NW 53rd. Lane (existing CITY-ST-ZIP CITY-ST-7IP <u>Miami, Florida</u> TITLE ☐ Delete TITLE ☐ Change (Trustee) NAME NAME Juan C. Herrera---(T) STREET ADDRESS STREET ADDRESS 4670 SW 101 Avenue CITY-ST-ZIP CITY-ST-ZIP Miami, Florida TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that it palied 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 repor or sultiplementally eport 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

ee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if dress, with all other like empowered.

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(305) 406-9042 (305)406-254b