

2001 UNIFORM BUSINESS REPORT (UBR)

3/7.

FILED
Apr 25, 2001 8:00 am
Secretary of State

03-07-2001 90608 021 *****61.25

DOCUMENT # N00000005404

1. Entity Name

PRIMERA IGLESIA BAUTISTA HISPANA DE INDIANTOWN,

Principal Place of Business

Mailing Address

**4995 SPRINGFIELD DRIVE
WEST PALM BEACH FL 33406**

**4995 SPRINGFIELD DRIVE
WEST PALM BEACH FL 33406**

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

☒ 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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**AGUILAR, DAYRI
4995 SPRINGFIELD DRIVE
WEST PALM BEACH FL 33406**

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 \$61.25**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ISAGUIRRE, MARTHA
15174 SW YAHALA ROAD
INDIANTOWN FL 34956** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LOPEZ, HILARIO
11500 SW KANNER HWY 7B
ST LUCIE MOBILE HOME FL 34956** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Lopez, Hilario
11500 Sw Kanner Hwy 7B
Indiantown, FL 34956** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ANTONIO, FRANCISCO
15135 SW SEMINOLE STREET
INDIANTOWN FL 34956** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 4th 01
Date

Daytime Phone #

CR2E037 (10/00)