

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 JUN 20 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002127

1. Entity Name
HARVEST CHURCH OF MIAMI, INC.



Principal Place of Business
6401 SW 152ND AVENUE
MIAMI, FL 33193

Mailing Address
9060 SW 166 PLACE
MIAMI, FL 33196

2. Principal Place of Business

3. Mailing Address

11335 SW 133rd Ter.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami FL

Zip

Country

Zip
33176

Country

USA

4. FEI Number

05-1078891

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

ARTIDIELLO, JESUS
9060 SW 166 PLACE
MIAMI, FL 33196

Name Patricia Garcia

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

11335 SW 133rd Terrace

City Miami

FL

Zip Code 33176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent who files this application

NOTE: Registered Agent's signature required when submitting

DATE

FILE NO WAITERS 60127

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Mark this box if you are
a Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
V	VALDES, EDGAR	14740 SW 151 AVENUE	MIAMI, FL 33196	☒
O V	NOGUERA, ENRIQUE	14400 SW 74 STREET	MIAMI, FL 33183	☐
P D	DAILY, MIKE	6523 SW 148 PLACE	MIAMI, FL 33183	☐
				☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☒ Addition
Y D	Anna Elsie Perez	15242-F SW 46 Lane	Miami FL 33185	☒
S	Patricia Garcia	11335 SW 133rd Terrace	Miami FL 33176	☒
O	Carrie Crowe	11930 SW 123 Ave	Miami FL 33186	☒
				☐
				☐
				☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, typed or printed name of registered agent who files this application

4-28-03 305-596-6015

Date

Display Name

CREATED 10/02