

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

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90146 005 \*\*\*\*61.25

**DOCUMENT # NO1000007769**

1. Entity Name

**IGLESIA BAUTISTA EL ALFARERO, INC.**



Principal Place of Business

**10932 S.W. 146TH PLACE  
MIAMI FL 33186**

Mailing Address

**PO BOX 835037  
MIAMI FL 33283-5037**

2. Principal Place of Business

**5859 SW 16 Street**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**West Miami, FL**

City & State

4. FEI Number **65-1151343**

Applied For

Not Applicable

Zip

**33155**

Country

**Miami-Dade**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CUAN, MANUEL C JR, ESQ  
1105 SW 87TH AVENUE  
MIAMI FL 33174**

7. Name and Address of New Registered Agent

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **CUAN, MANUEL C JR**  
STREET ADDRESS **1105 SW 87TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **D** ☐ Delete  
NAME **MARTINEZ, TERESA**  
STREET ADDRESS **11264 SW 91 TERACE**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **SD** ☐ Delete  
NAME **MONTANO, CONCEPCION**  
STREET ADDRESS **7725 SW 127TH COURT**  
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **VD** ☒ Delete  
NAME **TELLO, YORDAN**  
STREET ADDRESS **871 E. 33RD STREET**  
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **D** ☒ Delete  
NAME **GARCIA, GLADYS**  
STREET ADDRESS **15639 SW 73 CIRCLE TERRACE**  
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **D** ☐ Delete  
NAME **LABREAU, NORMA**  
STREET ADDRESS **4937 SW 135TH PLACE**  
CITY-ST-ZIP **MIAMI FL 33175**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **VIDAURRE, DAMASO**  
STREET ADDRESS **17400 NW 68 Avenue, #212**  
CITY-ST-ZIP **Hialeah, FL 33015**

TITLE ☐ Change ☒ Addition  
NAME **SALGADO, DINORAH**  
STREET ADDRESS **559 E. 1 Street**  
CITY-ST-ZIP **Hialeah, FL 33010**

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 title empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**MANUEL CHONG CUAN, JR., PRES.**

**2/6/03**

**(305) 264-4542**

CR2E037 (10/02)